

OKLAHOMA COURT OF EXISTING CLAIMS MEDIATION SYSTEM

REPORT OF MEDIATION CONFERENCE

*MUST be completed. Please type or print legibly.*

Claim for Compensation (i.e. Form 3 or Form 3B) on File With the Court of Existing Claims?

- Yes (Court File No. \_\_\_\_\_)
- No

Claimant/Injured Worker (Name): \_\_\_\_\_

Respondent/Employer (Name): \_\_\_\_\_

Insurer (Name): \_\_\_\_\_

*Check One:*

- Mediation By Mutual Agreement of the Parties (i.e. No Court Order of Referral to Mediation)
- Court Ordered Referral to Mediation

1. Mediation conference date: \_\_\_\_\_

2. Mediation conference location (city and county): \_\_\_\_\_

3. Mediation conference length \_\_\_\_\_ hours \_\_\_\_\_ minutes.

4. The case was (circle one letter):

- a. settled in full;
- b. not settled;
- c. settled in part (circle appropriate number):
  - (1) parties reached agreement on one or more issues or claims;
  - (2) case settled as to some parties, but not all parties.

5. Mediation conference was held with (circle one letter):

- a. all participants present in person;
- b. by advance permission of the referring assigned trial judge, one or more participants present other than in person; all others present in person;
- c. by advance agreement of the mediator and parties mediating by mutual agreement, one or more participants present other than in person; all others present in person.

6. Total number of participants (excluding mediator): \_\_\_\_\_

\_\_\_\_\_  
Mediator

\_\_\_\_\_  
Date

(Send original to Workers' Compensation Court of Existing Claims Administrator)