OKLAHOMA WORKERS' COMPENSATION COURT MEDIATION SYSTEM

Date: _____

Workers' Compensation Court File Number, (if any)_____

INITIATING PARTY:

_____

_____

RESPONDING PARTY:

_____

_____

MEDIATION AGREEMENT

We, the disputing parties, certify that this agreement shall constitute a mutually acceptable solution and shall abide by the following terms and conditions.

WE AGREE THAT OUR OBLIGATIONS ARE AS FOLLOWS:

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We have read and understand this Agreement and agree to abide by its terms and conditions.

INITIATING PARTY:

_____

_____

RESPONDING PARTY:

_____

_____

Initiating Party's Attorney, If Any:

_____

_____

Responding Party's Attorney, If Any:

_____

_____

Date: _____

Date: _____

_____

Mediator