

OKLAHOMA WORKERS' COMPENSATION COURT 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 Workers' Compensation Court?**

- 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 Administrator)**