

BEFORE THE ARKANSAS WORKERS' COMPENSATION COMMISSION

CLAIM NO. \_\_\_\_\_

_____	, EMPLOYEE	CLAIMANT
_____	, EMPLOYER	RESPONDENT
_____	, CARRIER	RESPONDENT

REPORT OF MEDIATION CONFERENCE

The (check one)  telephone  in-person conference on \_\_\_\_\_, was attended by:

Claimant ( <input type="checkbox"/> Yes <input type="checkbox"/> No)	Claimant's attorney ( <input type="checkbox"/> Yes <input type="checkbox"/> No)
Respondent Employer ( <input type="checkbox"/> Yes <input type="checkbox"/> No)	Respondent's attorney ( <input type="checkbox"/> Yes <input type="checkbox"/> No)
Respondent Carrier ( <input type="checkbox"/> Yes <input type="checkbox"/> No)	

Other(s): \_\_\_\_\_,

and the following issues were fully resolved by the parties in the presence of the undersigned mediator:  None, or (list resolved issues)

A copy of this Report is placed in the case file and mailed to each party, who is to make any written objection as to its accuracy within ten (10) days to the Clerk of the Commission, at P. O. Box 950, Little Rock, AR 72203-0950.

\_\_\_\_\_  
Mediator

Date: \_\_\_\_\_

**R**