MEDIATION REQUEST

UNDER THE

IRONWORKERS COLLECTIVELY BARGAINED WORKERS' COMPENSATION PROGRAM

Case No. _____________

The [ ] Employee's Name: ______________________
[ ] Employer's Name: ______________________
[ ] Other Name: ___________________________
("Requesting Party")

hereby requests the ADR Ombudsman to schedule a mediation hearing pursuant to the Workers' Compensation Addendum. Requesting Party declares that it has made a good faith attempt to resolve the dispute.

The issues are:

[ ] Compensation Rate [ ] Rehabilitation
[ ] Temporary Disability [ ] Self-procured Treatment
[ ] Permanent Disability [ ] Future Medical Treatment
[ ] Other:____
____

1. If represented by legal counsel, identify: ____
(name, address & telephone number)

2. Has the Employee undergone medical evaluation from a QME or AME: ____ ____. If yes, have all
(yes) (no)
adverse parties been served with the medical reports: _____ _____. If no, will a medical evaluation be
(yes) (no)
necessary: _____ _____.
(yes) (no)

3. Date Requesting Party will be prepared for Mediation: ___________. Provide 3 additional available dates: __________, __________, __________. If longer than 30 days from date of Request, explain the reason why: ____
____

SERVICE

Names and address of parties, including attorneys and representatives, served with a copy of this Mediation Request:

______________________ ____
______________________ ____
______________________ ____

Date: _________________

____
(Signature)

____
(Address)

____
(Telephone Number)

Must be timely filed with the ADR Ombudsman:
Eric J. Nobriga Sr.
Ironworkers Collectively Bargained Workers' Compensation Program
131 N. El Molino Avenue, Suite 330
Pasadena, California 91101-1878
Telephone: (888) 615-4766; Fax: (866) 322-2044