MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
DIVISION OF WORKERS' COMPENSATION
P.O. Box 58
Jefferson City, MO 65102-0058
labor.mo.gov/DWC

1. INJURY NUMBER

+ ☐☐ - ☐☐☐☐☐☐☐

REQUEST FOR MEDIATION

Please check which Mediation is requested: ☐ Hardship ☐ Regular

Note: This form must be completed in its entirety and must be typed or hand printed in black ink.

Please submit this form to the appropriate adjudication office.

2. Date of Injury		
3. Employee	4. Address of Employee	5. Case Venue
6. Attorney for Employee	7. Address of Employee's Attorney Email Address:	8. Second Injury Fund Involved ☐ Yes ☐ No
9. Attorney for Employer/Insurer	10. Address of Employer/Insurer Attorney Email Address:	11. Name of Second Injury Fund Attorney
12. Insurance Company and/or Third Party Administrator	13. Address of Insurance Company or Third Party Administrator, if known	14. Party Requesting the Mediation

15. Please briefly state your reason(s) for requesting the mediation:

_____

_____

_____

_____

_____

CERTIFICATE OF SERVICE

I, the undersigned, certify that a copy of this request has been mailed or hand-delivered to all attorneys and/or parties of record on this _____ day of _____, 20___.

Attorney's signature _____ Bar Number _____ Date _____

Attorney's Name *(Printed)* _____ Address _____ Phone Number _____

An administrative law judge cannot act as an attorney for any party or give any specific legal advice to any party regarding the case. An administrative law judge shall approve a settlement agreement as long as:

- The settlement is not the result of undue influence or fraud;
- The employee fully understands his or her rights and benefits;
- The employee voluntarily agrees to accept the terms of the agreement; and
- The settlement is in accordance with the rights of the parties.

DIVISION USE ONLY

COMPLETED BY DIVISION OF WORKERS' COMPENSATION

Approved _____

Date _____

Please visit our website at **labor.mo.gov/DWC** if you have any questions about your rights or benefits under the Workers' Compensation Law. Keep a copy for your records.

If you have served on active duty in the Armed Forces of the United States and would like information about veterans' services and benefits, please complete the survey here: mvc.dps.mo.gov/MoVeteransInformation/Survey/DOLIR.

Missouri Division of Workers' Compensation is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. TDD/TTY: 800-735-2966 Relay Missouri: 711