



Jurisdiction Claim Number (JCN)

Date of Mediation

The parties and their counsel are requested to complete this Pre-Mediation Statement and file the same with the Commission no later than SEVEN (7) days prior to the mediation scheduled in this matter. The purpose of this document is to assist the mediator in preparing for the scheduled mediation.

THE PARTIES MAY COMPLETE THIS FORM JOINTLY OR SEPARATELY. ONCE COMPLETED, IT MAY BE FAXED TO THE ADR DEPARTMENT (804-823-6904) OR UPLOADED INTO WEBFILE AS A CONFIDENTIAL ADR DOCUMENT. As a Confidential ADR Document, only the mediator and party submitting this document will be able to view it in WebFile. Additionally, any party may submit a letter or other documentation as a Confidential ADR Document to provide additional information or insight that might be helpful to the mediator.

IF FILED BY ONE PARTY, I AGREE THE MEDIATOR MAY SHARE THE INFORMATION IN THE PRE-MEDIATION STATEMENT WITH THE OPPOSING PARTY/IES. Yes No

PLEASE INITIAL _____

This form is being completed by: (Select all that apply)

Claimant's Counsel

Other

Employer's Counsel

Please Specify: _____

Do the parties have authority to resolve this claim? Yes No

General Background

Is this an accepted claim? Yes No

If not accepted, are there any accepted issues? If so, please list the issues upon which the parties agree:

Is there an agreed average weekly wage? Yes No If so, \$_____

If not, please provide:

The claimant's calculation: \$_____ The employer's calculation: \$_____

Is there an agreement on all or some of the injuries? Yes No

If yes, please identify: _____

If benefits have been paid voluntarily, how many weeks have been paid through the mediation date? _____

Prior Settlement Discussions

Has there been a demand? If so, please state the last demand: \$_____

Is the demand still current/valid: Yes No

Has there been a response to the demand? If so, please state the last response: \$_____

Is the last response to the demand still current/valid: Yes No

Ancillary Issues/Terms

Is there a third-party claim? If so, have the parties discussed any waiver of the employer/insurer's subrogation rights? Yes No N/A

Have the parties discussed whether the employer expects a resignation/release of claims? Yes No

If so, has a copy of the resignation/release of claims been shared with claimant's counsel? Yes No

