



Jurisdiction Claim Number (JCN)

Claim Administrator Number

Use of this form may expedite your request for mediation services.

Name of Injured Worker

Date of Injury or Illness

Style of Case

Person Requesting Mediation (Select all that apply)

- Injured Worker Injured Worker Attorney Claim Administrator Claim Administrator Attorney
- Employer Medical Provider Other: _____

Name of Person(s) Requesting Mediation

Primary Phone

Address _____ City _____ State _____ Zip Code _____

Full and Final Mediation (Do NOT complete this section if you are not represented by an attorney.)

Representation by an attorney is required. Are all parties represented by an attorney licensed to practice law in the Commonwealth of Virginia? _____

Has this case been mediated before? If so, when? _____

Is the Claimant a Medicare beneficiary? _____

If so, have you verified whether any conditional payments have been made by Medicare or any Advantage plans? _____

Have you considered whether an MSA is required? If so, has this process been initiated? _____

Do you have a specific timeframe or dates available for mediation? _____

Are there any companion cases to be mediated alongside this JCN? If so, please list those additional JCNs. _____

I consent to mediation of this matter by an employee of the Virginia Workers' Compensation Commission. I understand unless all parties consent to this request the matter will not be referred for mediation. If this matter is scheduled for mediation, I agree to come to the mediation prepared, in good faith and with appropriate settlement authority.

SIGNATURE

DATE

Request for Mediation Form Instructions

Mediation

Mediation is an alternative dispute resolution (ADR) process in which a trained neutral mediator facilitates confidential communication between the parties. It is a way to resolve problems without going to court.

Instructions

If you are seeking mediation, please complete the Request for Mediation Form and file directly with the Commission.

This form may be filed electronically through the Commission's WebFile system at <http://webfile.workcomp.virginia.gov>. To file electronically, the user must have a valid and active WebFile account. This form may also be filed by mail or in-person at 333 E. Franklin St., Richmond, Virginia 23219.

For questions about this form, please contact the Virginia Workers' Compensation Commission toll-free at 1-877-664-2566 or the Alternative Dispute Resolution at 804-205-3139.

Alternative Dispute Resolution Process



Orientation Session

Orientation sessions last no more than 30 minutes and are a great way for all parties to learn about their workers' compensation options and determine if mediation is appropriate for their claim. This is the only ADR event that may be ordered by a Deputy Commissioner.



Issue Facilitation

Issue Facilitation provides an opportunity to resolve problems early on without the need for mediation or a hearing. Issues most commonly resolved in this form of ADR include communication gaps between parties, as well as problems with medical bills or case information. Typically, this type of ADR can resolve claims with just a couple of phone calls.



Issue Mediation

Issue Mediation is a confidential way to resolve individual claims and may be requested by parties at any time. Issues most often addressed include medical treatment, medical bills, lost wages, mileage, and return to work. This type of mediation generally lasts no more than 1.5 hours and may be conducted by telephone or in person.



Full & Final Mediation

Full and Final Mediation is offered to resolve entire cases. This type of mediation can be requested by parties and/or their attorneys and are scheduled for 3 hours. All parties and attorneys must be present. This is the only ADR event for which parties MUST hire an attorney.



Hearing

Parties retain their right to a hearing before the Commission if a dispute is not resolved through mediation.