



Petition for Mediation Conference

WORKER'S INFORMATION					
Worker's Email					
Worker's Name					
Phone Number		WC Claim Number			
Date of Accident		Part of Body Injured			
PETITIONER'S INFORMATION					
Petitioner's Name					
Address					
City		State		Zip	
Phone Number					
REPRESENTATIVE'S INFORMATION					
Representative's Name					
Address					
City		State		Zip	
Phone Number					
RESPONDENT'S INFORMATION					
Respondent's Name					
Address					
City		State		Zip	
Phone Number					
RESPONDENT'S REPRESENTATIVE'S INFORMATION					
Respondent's Representative's Name					
Address					
City		State		Zip	
Phone Number					

DISPUTE INFORMATION	
What is your dispute with the Respondent?	
What attempt have you made to resolve your dispute with the Respondent?	
What was the Respondent's reply to your demand?	
Signature	
Date	

Please complete all fields. If you wish to save a copy of the form or print a copy, please do so. After you have done that, click Submit Request below. A dialog box will open asking which email application you would like to use. You can check the box Remember my Choice and you won't be prompted again. The form will then be emailed to the Employment Relations Division and you will receive a copy of the PDF in an email. Once the form is processed you will receive a notice via US Mail with the date and the time of the conference. Thank you.

Your Name

Your Email

Submit Request

Reset Form