

Instructions for Petition for Mediation Conference

PART ONE - PARTIES' INFORMATION

Step One – Worker's Information

This section is for the **INJURED WORKER** or the person filling out the form on behalf of the injured worker. The **WC CLAIM NUMBER** is the case number from the **INSURANCE COMPANY** handling the Worker's Compensation Claim.

Step Two – Petitioner's Information

Please enter the **INJURED WORKER**'s information in this section.

Step Three – Representative's Information (OPTIONAL)

This section is for the **ATTORNEY** representing the **INJURED WORKER**. Mediation does NOT require injured workers to have attorney. You may wish to represent yourself. In that case, leave this information blank.

Step Four – Respondent's Information

This section is for **CLAIMS EXAMINER** or **CASE MANAGER** who is handling your Workers' Compensation Claim. Please include their name as well as the name of the **INSURANCE COMPANY**.

Step Five – Respondent's Representative Information

This section is for an **ATTORNEY** who is representing the **CLAIMS EXAMINER/INSURANCE COMPANY**. This section may NOT apply to your case. DO NOT fill this section out unless you are sure the insurance company has retained an attorney.

PART TWO: DISPUTE INFORMATION

Section 1 – What is the dispute with the Respondent?

This section is where you state what your dispute with the **CLAIMS EXAMINER/INSURANCE COMPANY** is.

FOR EXAMPLE: "I do not agree with the denial of my claim."

Section Two – What attempt have you made to resolve your dispute with the Respondent?

Please include any attempts you have made to resolve your disagreement with the **CLAIMS EXAMINER/INSURANCE COMPANY**.

FOR EXAMPLE: Email correspondence, telephone correspondence, etc.

Section Three – What was the Respondent's reply to your demand?

This is the section where you state how the claims examiner responded to your correspondence.

FOR EXAMPLE: "Myclaims examiner maintains the denial"; or "Myclaims examiner did not return my emails or phone calls."

Completing the Form

Once you have filled out the form **SIGN** and **DATE** it.

The form can be submitted to the email address below or mailed to the address below.

DLIERDMediation@mt.gov

MONTANA DEPARTMENT OF LABOR & INDUSTRY DISPUTE
RESOLUTION SECTION

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