

REQUEST FOR MEDIATION
IDAHO WORKERS' COMPENSATION

Attention: Mediator, Industrial Commission
PO Box 83720, Boise, ID 83720-0041
Phone: (208) 334-6000 Fax #: (208) 334-5145

Please complete form in detail:

I.C. Claim # _____ NAME: _____

SSN: _____ Complaint Filed? _____ Yes _____ No

REQUEST/REFERRAL DATE: _____

REQUESTOR: _____

PREFERRED LOCATION OF MEDIATION:

_____ ZOOM _____ BOISE _____ IDAHO FALLS _____ COEUR D'ALENE

_____ TWIN FALLS _____ LEWISTON _____ POCATELLO

ISSUES TO MEDIATE: _____

This box to be completed by mediator:

Mediation #: _____

Date and Time Mediation Scheduled: _____

PARTIES AND ADDRESSES

CLAIMANT: (If Pro-Se)

CLAIMANT ATTORNEY:

EMPLOYER:

DEFENDANT ATTORNEY

SURETY: