

**GEORGIA STATE BOARD OF WORKERS' COMPENSATION
REQUEST FOR SETTLEMENT MEDIATION**

A. IDENTIFYING INFORMATION

Employee Name _____	Soc. Security No. _____
Address _____	Date of Injury _____
_____	County of Injury _____
Employer Name _____	
Address _____	

Insurer _____	
Address _____	

Servicing Agent _____	
Address _____	

Attorney for _____	
Employee/Claimant _____	

Attorney for _____	
Employer/Insurer _____	

B. NOTICE OF CLAIM

1. _____
First Date Disabled
2. Yes ☐ No ☐
Catastrophic Injury Designation
3. Yes ☐ No ☐
SITF Accepted Claim

C. CERTIFICATION:

By the filing of this Request for Settlement Mediation, all parties certify that they agree to participate in mediation for the purpose of settlement of the above referenced claim(s). The parties hereby further certify that the employer/insurer or self-insurer has obtained, or will obtain by the date of the first setting of this matter, settlement authority based upon a good faith evaluation of this claim, and that all parties are otherwise prepared to go forward. If this claim involves a request for reimbursement from the Subsequent Injury Trust Fund, the parties hereby certify that the Fund has been made aware of this request for a settlement conference and has been provided with all necessary documentation.

D. ENTRY OF APPEARANCE:

I hereby certify to the existence of a valid fee contract in compliance with Board Rule 108 and/or a notice of representation pursuant to Board Rule 102.

E. CERTIFICATE OF SERVICE

I hereby certify that I have today sent a copy of this form to all of the parties named above, and have sent this form, to the State Board of Workers' Compensation, 270 Peachtree St., NW, Atlanta, Georgia 30303-1299.

Print Name and Telephone Number Here

Signature of Employee Representative

Date

Print Name and Telephone Number Here

Signature of Employer/Insurer Representative

Date

Willfully making a false statement for the purpose of obtaining or denying benefits is a crime subject to penalties of up to \$10,000.00 per violation (O.C.G.A. §34-9-18 and §34-9-19).