Issue Mediation Request FormAccess your claim online: webfile.workcomp.virginia.gov

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 Mediat	ion (Select all that apply)					
☐ Injured Worker	☐ Injured Worker Attorney		Claim Administrator	☐ Claim	Administrator A	Attorney
☐ Employer			Other:			
Name of Person(s) Reques	sting Mediation		Primary Phone			
Address			City		State	Zip Code
Issue Mediations are r	outinely held by telephone.					
If an in-person issue mediation is being requested, state the reason for your request:						
What is the subject of the mediation?						
List the date(s) of any claims or applications that have been filed (You may, instead, attach a copy of the document):						
Does the injured worker have an Award from the Commission?						
Do you have a specific timeframe or dates available for mediation?						
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 take part in the mediation in good faith and with appropriate authority to resolve the matter.						
SIGNATURE			DATE			

ADR Office: 804-205-3139 **Toll-Free:** 1-877-664-2566

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.

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