

REQUEST FOR MEDIATION  
IDAHO WORKERS' COMPENSATION

Attention: Mediator, Industrial Commission  
PO Box 83720, Boise, ID 83720-0041  
Phone: (208) 334-6000 Fax #: (208) 332-7558

***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: