BEFORE THE IOWA WORKERS' COMPENSATION COMMISSIONER

Claimant, vs. Employer, and Insurance Carrier, Defendants.	File No. _____ DISPUTE RESOLUTION CONFERENCE REPORT

The parties, in compliance with the Order setting this matter for conference, report to the deputy that:

1. Claimant (is) (is not) currently receiving weekly benefits. If not, state whether claimant has received any benefits since the date of injury, when those benefits ceased and why; or why benefits have not been initiated, if applicable.

2. The principal dispute(s) in this matter is (are):

3. The parties' contention for each disputed issue identified in paragraph 2, above, including a brief summary of the testimony expected to be presented to support the contentions, is attached hereto.

4. The parties can, for the purposes of this conference only, agree that:

5. The parties wish to bring the following information to the deputy's attention:

6. The parties certify that they have made a good faith attempt to settle the disputed issues. See, rule 876 IAC 10.1. If no attempts have been made, the deputy may cancel the mediation.

Submitted by,

_____ _____
Claimant Attorney for Claimant

_____ _____
Representative of Employer/Insurance Carrier Attorney for Defendant

14-0041
09/98