



Government of the District of Columbia  
Department of Employment Services

Office of Workers' Compensation

P.O. Box 56098

Washington, D.C. 20011

APPLICATION FOR INFORMAL / MEDIATION CONFERENCE

Name of party on whose behalf this application is submitted: \_\_\_\_\_

OWC No.: \_\_\_\_\_

Date of Injury: \_\_\_\_\_

- **IF THE PARTY APPLYING FOR INFORMAL CONFERENCE IS REPRESENTED AND THE REPRESENTATIVE HAS NOT ENTERED HIS / HER APPEARANCE, A COPY OF THE REPRESENTATIVE'S AUTHORIZATION MUST BE ATTACHED TO THIS APPLICATION.**

Claimant name, address, and phone number: \_\_\_\_\_

Claimant representative's name, address, and phone number: \_\_\_\_\_

Employer name, address, and phone number: \_\_\_\_\_

Carrier name, address, and phone number: \_\_\_\_\_

Employer/Carrier representative's name, address, and phone number: \_\_\_\_\_

ISSUES TO BE DISCUSSED: \_\_\_\_\_

Employer/Carrier Position: \_\_\_\_\_

\_\_\_\_\_  
Signature of Party Requesting Conference

*Informal procedures may include informal conferences and mediation conferences provided that participation by interested parties in these conferences is voluntary. Informal conferences shall be held at the Office or by telephone. A statement supporting good cause must be attached to the Application. The Associate Director and/or Supervisor will make the final decision.*

*One major purpose of the informal conference is to amicably dispose of controversies, whenever possible. It is a requirement that: all pertinent written / documentation (i.e.) (factual, medical, etc.) shall be provided to the office and exchanged among all parties at the earliest possible date, or at least 48 hours prior to the commencement of the conference. [This process serves to assist in ensuring an expeditious resolution of controversies.]*