

ELDON F. COFFMAN, CHAIRMAN
PAT WEST HUMPHREY, COMMISSIONER
MICHAEL K. WILSON, COMMISSIONER

JOHN A. KENNEDY
CHIEF EXECUTIVE OFFICER

DAVID GREENBAUM
CHIEF ADMINISTRATIVE LAW JUDGE



State of Arkansas
WORKERS' COMPENSATION COMMISSION

4th & Spring Streets
P.O. Box 950
Little Rock, Arkansas 72203-0950
Telephone 501-682-3930 / 1-800-622-4472
Arkansas Relay System TDD 1-800-285-1131

Docket No. : 099, 00, 97 -- 006
Effective Date : 4/6/97

FORT SMITH DIVISION
616 GARRISON - ROOM 207
FORT SMITH, AR 72901
TELEPHONE 501-783-7970
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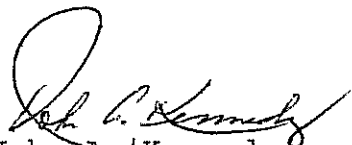
SPRINGDALE DIVISION
244 SOUTH 40TH
SPRINGDALE, AR 72762-3845
TELEPHONE 501-751-2790
TOLL FREE 1-800-852-5376

C E R T I F I C A T E

October 22, 1997

I, **John A. Kennedy**, Arkansas Workers' Compensation Commission Chief Executive Officer, do certify that the foregoing is a true and complete copy of Form R of the Commission.

In witness whereof, I have hereunto set my hand and the Seal of the Commission in the City of Little Rock, County of Pulaski, State of Arkansas, on October 22, 1997.


John A. Kennedy
Chief Executive Officer

FILED
AR. REGISTER DIV.
97 OCT 27 PM 3:40
SHARON L. WEST
SECRETARY OF STATE
STATE OF ARKANSAS

FILED
AR. REGISTERED DIV.
97 OCT 27 PM 3:41

BEFORE THE ARKANSAS WORKERS' COMPENSATION COMMISSION

SECRETARY OF STATE
STATE OF ARKANSAS

CLAIM NO. _____

BY _____

_____, EMPLOYEE

CLAIMANT

_____, EMPLOYER

RESPONDENT

_____, CARRIER

RESPONDENT

REPORT OF MEDIATION CONFERENCE

At the (☐ telephone ☐ in person) conference on _____ (date)
authorized representatives of the Claimant (☐ Yes ☐ No) and the Respondent (☐ Yes ☐ No)
attended, and the following issues were fully resolved by the parties in the presence of the
undersigned mediator: ☐ None, or

A copy of this Report is filed in the case file and mailed to each party, who is to make any
written objection as to its accuracy within ten (10) days to the Clerk of the Commission.

Mediator

cc: Claimant / Respondent

DEPARTMENT Arkansas Workers' Compensation Commission
DIVISION Administrative
PERSON COMPLETING THIS STATEMENT Stephen Williams, Fiscal Officer
TELEPHONE NUMBER: 501-682-3930 FAX NUMBER: 501-682-1791

FINANCIAL IMPACT STATEMENT

SHORT TITLE OF THIS RULE Report of Mediation Conference (WCC Form R)

1. Does this proposed, amended, or repealed rule or regulation have a financial impact? Yes x No

2. If you believe that the development of a financial impact statement is so speculative as to be cost prohibited, please explain. Impact should be minimal to all parties except the WCC, which would bear the cost of reprinting the Form.

3. If the purpose of this rule or regulation is to implement a federal rule or regulation, please give the incremental cost for implementing the regulation.
Not Applicable

1997-98 Fiscal Year
General Revenue
Federal Funds
Cash Funds
Special Revenue
Other

1998-99 Fiscal Year
General Revenue
Federal Funds
Cash Funds
Special Revenue
Other

4. What is the total estimated cost by Fiscal Year to any party subject to the proposed, amended, or repealed rule or regulation?

1997-98 Fiscal Year
No costs associated with Form R

1998-99 Fiscal Year
Same

5. What is the total estimated cost by Fiscal Year to the agency to implement this regulation?

1997-98 Fiscal Year
Minor costs associated with purchase of paper and small expense of printing and modest postage outlays

1998-99 Fiscal Year
Same as in prior Fiscal Year, with inflation possibly raising some printing costs

FILED
97 OCT 27 PM 3:41
CLERK OF STATE
SECRETARY OF STATE
STATE OF ARKANSAS
BY _____

July 28, 1995