NEW YORK STATE Workers' Compensation Board
PO Box 5205, Binghamton, NY 13902-5205

www.wcb.ny.gov

State of New York - Workers' Compensation Board
ALTERNATIVE DISPUTE RESOLUTION PROGRAM
FINAL DISPOSITION OF CLAIM

This form is to be filed with the Board within 30 days of final disposition or settlement of a claim.

INJURED EMPLOYEE (First Name, Middle Initial, Last Name)	EMPLOYEE'S ADDRESS (Street No. & Name, Apt. No., City, State & Zip Code)
UNION NAME & LOCAL NUMBER	

WCB CASE NUMBER	DATE OF INJURY	EMPLOYEE'S SOCIAL SECURITY NUMBER

PART(S) OF BODY AFFECTED AND DIAGNOSIS - FOR DEATH CLAIMS, SO NOTE AND STATE CAUSE	AVERAGE WEEKLY WAGE

EMPLOYER'S NAME AND MAILING ADDRESS	INSURANCE CARRIER'S NAME AND MAILING ADDRESS

FILING ENTITY: ☐ Employer ☐ Carrier ☐ Other (If "Other", give name and address.)	CARRIER ID NUMBER **W-**
	CARRIER CASE NUMBER

COMPENSATION PAYMENTS MADE:

Periods of Payment		Weekly Rate	Amount
From	To		

WAS THIS CASE THE SUBJECT OF MEDIATION OR ARBITRATION? ☐ YES - MEDIATION ☐ YES - ARBITRATION ☐ NO

IF YES, ATTACH A COPY OF ANY WRITTEN DECISION.

FINAL DISPOSITION: (CHECK ALL THAT APPLY)

☐ CONTROVERTED CASE--CLAIM DENIED. DESCRIBE BASIS:_____

☐ SCHEDULE LOSS OF USE AWARD/DESCRIBE:_____

☐ PERMANENT PARTIAL DISABILITY CLASSIFICATION/DESCRIBE:_____

☐ CLAIMANT RETURNED TO WORK. DATE OF RETURN:_____ ☐ AT PRE-INJURY WAGES ☐ AT REDUCED WAGES

☐ SECTION 32 SETTLEMENT/ATTACH COPY OF AGREEMENT

☐ OTHER/EXPLAIN:_____

Prepared by	Date of this Report
Official Title	Telephone Number & Extension

FILING INSTRUCTIONS

Form ADR-2, Final Disposition of Claim, must be filed with the Workers' Compensation Board for every case in which Form ADR-1, Alternative Dispute Resolution Program Report of Injury, was filed with the Board. Form ADR-2 must be filed within 30 days of the final resolution of a claim, as required by 12 NYCRR 314.7(a). A copy of any written mediation or arbitration decision regarding this claim is to be filed with this form. Failure to file the prescribed ADR forms with the Workers' Compensation Board in a timely manner may result in the assessment of one or more penalties and/or the revocation of the party's authorization to participate in the Alternative Dispute Resolution Pilot Program.