

STATE OF FLORIDA  
DIVISION OF ADMINISTRATIVE HEARINGS  
OFFICE OF THE JUDGES OF COMPENSATION CLAIMS  
JACKSONVILLE DISTRICT OFFICE

Betty Moore,  
Employee/Claimant,

OJCC Case No.: 23-024750TSS

vs.

Accident date: 07/13/2023

The City of Ocala/PMA Insurance  
Company,  
Employer/Carrier/Servicing Agent.

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**MEDIATION SETTLEMENT AGREEMENT**

**As a result of the mediation process on October 9, 2025, the parties reached the following lump-sum settlement of all rights and obligations under Chapter 440, Florida Statutes:**

The E/C/SA agree to pay and the Claimant agrees to accept the sum of \$75,000.00, inclusive of attorney's fees of \$18,750.00, costs of \$1,208.47, and an MSA of \$30,606.20, to settle this workers' compensation claim, and any/all accidents with this Employer, in their entirety, whether reported or not. The Claimant shall net \$55,041.53, less any child support obligations. This agreement is contingent on City of Ocala Council approval within 45 days.

The Claimant agrees to sign the Workers' Compensation settlement documents and execute a General Release and voluntary resignation/separation agreement.

Parties agree that all medical and indemnity benefits cease today.

Upon receipt of City of Ocala Council approval, Counsel for E/C/SA will provide draft settlement documents to Claimant's counsel within seven (7) days. Claimant will sign and return the executed settlement documents within seven (7) days of receipt of the draft documents. Counsel for E/C/SA will file the executed documents with the Court within seven (7) days of receipt of the executed settlement documents. E/C/SA will issue the settlement proceeds within 14 days of the Order approving the settlement.

*This agreement is full, final, and binding upon signing this Mediation Agreement.*

This Mediation Agreement was read to the Claimant, and she understands and agrees with the terms. The Claimant authorizes her attorney, Dale Albright, to sign this Mediation Agreement on her behalf

*Dale Albright*

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Signature of Claimant

*Bettina Carrier*

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[Bettina Carrier \(Oct 13, 2025 12:37:58 EDT\)](#)

Signature of Adjuster

*Dale Albright*

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Signature of Attorney for Claimant

*Bettina Carrier*

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[Bettina Carrier \(Oct 13, 2025 12:37:58 EDT\)](#)

Signature of Attorney for E/C/SA

# 2025.10.09.1230 - Agreement - Moore, Betty

Final Audit Report

2025-10-13

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|-----------------|----------------------------------------------|
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| By:             | Lisa Thomas (lisa.thomas@doah.state.fl.us)   |
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## "2025.10.09.1230 - Agreement - Moore, Betty" History

-  Document created by Lisa Thomas (lisa.thomas@doah.state.fl.us)  
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