STATE OF FLORIDA
OFFICE OF THE JUDGES OF COMPENSATION CLAIMS
MIAMI

OJCC No: 25-007283WJH
D/A: 09/28/2022

Date: January 12, 2026

EMPLOYEE/CLAIMANT:
Jennifer Kouri
5300 MacDonald Avenue, Unit 42
Key West, FL 33040

REPRESENTED BY:
Tonya A. Oliver, Esquire
13031 W. Linebaugh Avenue, #102
Tampa, FL 33626

EMPLOYER:
City of Key West

CARRIER:
Relation Insurance Services of Florida, Inc.

REPRESENTED BY:
Courtney C. Bahe, Esquire
Post Office Box 958464
Lake Mary, FL 32795-8464

MEDIATION REPORT AND MEMORANDUM OF SETTLEMENT

1. A private mediation conference was conducted by Kristyn DiVerniero, Mediator, on 1/12/26.

2. At the mediation conference, the parties:

X a. Completely resolved all issues, as set forth below in the Memorandum of Settlement.

_____ b. Resolved only those issues as set forth in the attached Memorandum of Settlement. The unresolved issues require court action.

_____ c. Reached an impasse. Court action is necessary.

_____ d. Have recessed and will reconvene on _____.

MEMORANDUM OF SETTLEMENT

Pursuant to the above Mediation Report, the parties have reached an agreement, as set forth below:

1. The Employer/Carrier shall pay the Employee the sum of $79,900.00 plus $100.00 for GR consideration in full settlement of all workers' compensation claims, MEDICAL OPEN * MEDICAL CLOSED.

2. The ~~EMPLOYER/CARRIER~~ * CLAIMANT shall pay claimant's attorney a fee in the amount of $19,975.00.

3. Taxable costs are to be paid in the following manner:

a). ____ By carrier;

b). X Each party to pay its own costs. $123.00

4. Mediator's Fee to be paid in the following manner: ADDRESS

XX By Carrier.

Special terms, if any:

Settlement is contingent upon city commission approval and includes all dates of accident.
All benefits end upon City Commission approval.
Release the employer, carrier, and their heirs/assigns from any and all workers compensation claims.
Release the employer, carrier, and their heirs/assigns from any and all other claims of any type including but not limited to section 112.19 catastrophic health claims and wrongful termination claims.
The claimant (no longer working for the employer) waives rights to future employment with the employer.
The claimant must sign a general release incorporating the above. The General Release will not require a "voluntary" separation but confirmation of her separation from /of employment.
Employer will pay $100.00 consideration for the above.
Claimant retains all vested benefits, if any, based upon longevity of employment.
The employer does not intend any settlement to affect the claimant's pension, but the claimant understands the pension board/FRS is a separate legal entity. The claimant is responsible for determining any potential pension offset. The claimant releases the employer from any adverse decisions made by the pension board.
The Carrier remains responsible for authorized treatment through the date of City Commission approval; along with assisting in resolving any unpaid past balance for authorized treatment.
With respect to section 112.1816, F.S. the claimant agrees to release the workers compensation insurer, their heirs and assigns for any such claims, but not the employer.
This settlement does not affect the claimant's right to pursue section 112.1816 claims against the employer.
The claimant releases the employer, carrier, their heirs and assigns for any cancer claims under Chapter 440, F.S.
The claimant gave her attorney explicit, clear, unequivocal, and unambiguous permission to sign this binding mediation agreement on her behalf.

The foregoing agreement is stipulated and agreed to by the undersigned parties.

The Parties will submit a separate Stipulation and Order to the JCC for approval, if necessary. If approved, the JCC will issue an Order approving the terms described herein.

All Agreements with regard to an attorney's fee amount shall be submitted to the JCC for approval with the Attorney Fee Data Sheet and all required documents.

The JCC cannot approve an attorney's fee amount without the above mentioned documents.

Petitioner accepts responsibility for notifying Judge's office of cancellation of hearing.

Dated: 1/12/26

Jenn Bruce (Jan 27, 2026 17:03:50 EST)
Claimant

Employer

1/22/26
Attorney for Claimant FBN 0163191

Carrier

Attorney for Employer/Carrier

This is to certify that the original Mediation Report and Memorandum of Settlement was given to Claimant's Counsel to be filed with the Judge of Compensation Claims as required by law, and a copy of same was furnished to the above parties' attorneys by hand/electronic delivery on 1/21/26.

Kristyn DiVerniero, Mediator
170 E. Granada Blvd.
Ormond Beach, FL 32176
(386) 673-4412