

IDENTIFY WITNESSES

List any witnesses you may call to testify at the hearing in this matter, include each witness' address and telephone number, and state whether the witness will appear live, by deposition, or by affidavit:

Name Telephone Number Live Deposition Affidavit

Address

Name Telephone Number Live Deposition Affidavit

Address

CERTIFICATE OF SERVICE

A copy of this form **must** be provided to the parties or their attorney. Indicate how you sent them a copy of this form. "Service sent to" means the address, fax number, email address or company.

Employee _____
Service by: By Hand Mail Facsimile Email
Service Sent to: _____

Employer(s) _____
Service by: By Hand Mail Facsimile Email
Service Sent to: _____

Employee's Atty _____
Service by: By Hand Mail Facsimile Email
Service Sent to: _____

Employer(s)' Atty(s) _____
Service by: By Hand Mail Facsimile Email
Service Sent to: _____

Carrier(s) _____
Service by: By Hand Mail Facsimile Email
Service Sent to: _____

SIF's Atty _____
Service by: By Hand Mail Facsimile Email
Service Sent to: _WC.SIFLegal@tn.gov _____

I, _____, state that the information provided in this Request for Expedited Hearing is true and accurate to the best of my knowledge, information, and belief. Further, I certify a copy of the Request for Expedited Hearing has been sent to the parties as described above.

Print Name **Signature** **Date**

**Please file with Court Clerk
220 French Landing Drive, 1st Floor
Nashville, TN 37243-1002
wc.courtclerk@tn.gov
Fax: 615-253-2480
1-800-332-2667**

www.tn.gov/workforce/section/injuries-at-work