



**TENNESSEE BUREAU OF WORKERS' COMPENSATION
IN THE COURT OF WORKERS' COMPENSATION CLAIMS
AT _____**

_____)	Docket No. _____
Employee,)	
v.)	
_____)	State File No. _____
Employer,)	
_____)	
Carrier,)	
and)	Judge _____
Subsequent Injury Fund (if applicable).)	

HEARING REQUEST

Under Tennessee Compilation Rules and Regulations 0800-02-21.11, the party or attorney listed below requests a hearing (please check one):

- Employee is **receiving treatment** and requests a **Status Hearing**.
- Employee **has reached maximum medical improvement** and requests a **Scheduling Hearing** to develop a discovery plan and obtain a Scheduling Order.
- Employee is **seeking temporary disability and/or medical benefits** and requests an **Expedited Hearing**. Under Rule 0800-02-21-15, an affidavit or declaration under penalty of perjury must accompany a Request for an Expedited Hearing. The affidavit or declaration must contain a plain and concise statement of the facts on which the request is based. The party must attach documents demonstrating that the party is entitled to the requested relief. Choose one of the following:
 - The party below asks that the Judge make a decision on the record instead of holding an evidentiary hearing.
 - The party below asks that the Judge hold an evidentiary hearing so that testimony may be presented. At the hearing, the Tennessee Rules of Evidence and Rules of Civil Procedure will apply. **Any party seeking permission to either attend or present witness testimony by telephone or videoconference must file a motion asking the Judge for permission.**

List all witnesses you might call to testify at the hearing, including their addresses and telephone numbers, and whether the witness will appear live, by deposition, or by affidavit:

_____ Name	_____ Telephone Number	_____ Name	_____ Telephone Number
_____ Address		_____ Address	
<input type="checkbox"/> Live <input type="checkbox"/> Deposition <input type="checkbox"/> Affidavit		<input type="checkbox"/> Live <input type="checkbox"/> Deposition <input type="checkbox"/> Affidavit	

(If more than two witnesses might be called, attach a list of additional witnesses, contact information, and whether they will appear live, by deposition, or by affidavit.)

Please provide four agreed-upon dates and times the parties are available for this hearing.

1st Date & Time

2nd Date & Time

3rd Date & Time

4th Date & Time

Time zones are: Central Time or Eastern Time

CERTIFICATE OF SERVICE

A copy of this form **must** be provided to all parties or their attorney. Indicate how you sent them a copy of this form and to which address, fax number, email address or company.

Employee _____
 by: Hand Mail Fax Email
 to: _____

Employer(s) _____
 by: Hand Mail Fax Email
 to: _____

Employee's Atty _____
 by: Hand Mail Fax Email
 to: _____

Employer's Atty(s) _____
 by: Hand Mail Fax Email
 to: _____

SIF Atty _____
 by: Hand Mail Fax Email
 to WC.SIFLegal@tn.gov or _____

Carrier _____
 by: Hand Mail Fax Email
 to: _____

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

Print Name

Signature

Date

Please file with the Court Clerk
220 French Landing Drive, 1st Floor
Nashville, TN 37243-1002
Email: wc.courtclerk@tn.gov
TNComp: <https://wc.tn.gov/TNComp/>
Fax: 615-253-2480
1-800-332-2667
www.tn.gov/workerscomp