

## **Request for Translation of Document**

Tennessee Workers' Compensation Appeals Board <u>tn.gov/workerscomp</u>

wcappeals.clerk@tn.gov | 1-800-332-2667

Docket No.: \_\_\_\_\_

State File No.:	

Date of Injury: \_\_\_\_\_

## Employee

v.

Employer

The Tennessee Bureau of Workers' Compensation, in cooperation with the Tennessee Language Center (formerly Tennessee Foreign Language Institute), offers self-represented litigants in a pending appeal the opportunity to seek translation of a written document into English for filing with the Tennessee Workers' Compensation Appeals Board, at no cost to the litigant.

By seeking this translation service and signing this request, the undersigned party agrees and acknowledges:

- □ This service is available only for the translation of documents into English for the purpose of filing the document with the Appeals Board.
- □ The Tennessee Bureau of Workers' Compensation offers this service to any self-represented litigant in an appeal pending before the Workers' Compensation Appeals Board at no cost to the party.
- □ The Tennessee Bureau of Workers' Compensation does not guarantee or certify that the translation is accurate or that it fairly communicates the intended content.
- □ It is the responsibility of the parties to ensure a complete and accurate record on appeal.
- □ It is the responsibility of the party seeking the translation of a document to ensure the accuracy of the translation.
- It is the responsibility of the parties to timely file all documents as required by any applicable statute or rule.
- Once filed, both the original document and the translated document will be part of the record, but the translated document will be considered in lieu of the original document.

I have included with this form the document to be translated.

Signed and submitted to the Workers' Compensation Appeals Board Clerk (WCAppeals.Clerk@tn.gov) on this \_\_\_\_\_ day of \_\_\_\_\_\_, 20\_\_\_\_, 20\_\_\_\_.

PRINTED NAME OF PARTY