



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

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

HEARING REQUEST

Under Rule 0800-02-21.11 of the Tennessee Compilation Rules and Regulations, the undersigned party or attorney requests the following hearing (please check one):

- Employee is **still undergoing treatment by an authorized treating physician**, receiving payment for temporary disability and/or medical benefits, and requests a Status Hearing.
- Employee **has reached maximum medical improvement** and requests a Scheduling Hearing to develop a discovery plan, obtain a Scheduling Order, and set a date for a **Compensation Hearing**.
- Employee is **seeking payment of temporary disability and/or medical benefits** and requests an Expedited Hearing in one of the following manners (choose one):
 - The undersigned party asks that the assigned Judge issue a decision on the record instead of holding an evidentiary hearing.
 - The undersigned party asks that the assigned Judge hold an evidentiary hearing so that testimony/evidence may be presented. Under Rule 0800-02-21-.15, a request for an Expedited Hearing **must be accompanied by an affidavit** containing a plain and concise statement of the facts upon which the request is based and any other documents demonstrating the party is entitled to the requested relief. At the hearing, the Tennessee Rules of Evidence and Rules of Civil Procedure will apply. *See* Tenn. Code Ann. § 50-6-239(c)(1). Evidentiary hearings will take place in the courtroom at the office of the assigned Judge. **Any party seeking permission to attend a hearing by telephone or videoconference, or to present witness testimony by telephone or videoconference, must file a motion in accordance with Rule 0800-02-21-.15.**

List 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 (4) different agreed-upon dates and specific times the parties are available to appear for this hearing request.

_____ 1st Date & Time	_____ 2nd Date & Time	_____ 3rd Date & Time	_____ 4th Date & Time
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Time zones provided are: Central Time or Eastern Time

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 and to which address, fax number, email address or company.

Employee _____
by: Hand Mail Facsimile Email
to: _____

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

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

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

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

Carrier _____
by: Hand Mail Facsimile Email
to: _____

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

_____ Print Name	_____ Signature	_____ Date
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Please file with the 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/workerscomp