



**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.)	
)	

MOTION FOR _____

In this Motion, _____ asks the Court to order the following:

(state what you would like the Court to do)

The Court should order the relief for the following reasons:

(briefly state the reason you are seeking the order from the Court)

Respectfully Submitted,

Signature

CERTIFICATE OF SERVICE

The requesting party must serve a copy of this notice on all parties and counsel of record. The undersigned certifies on this ____ day of _____, 20__ that he/she served a true and correct copy of the Motion and it's attachments by facsimile, email and/or U.S. Mail, first class postage prepaid, to the following:

Employee _____

Service by: Hand-Delivery Mail Facsimile Email

Service Sent to: _____

Employee's Attorney _____

Service by: Hand-Delivery Mail Facsimile Email

Address: _____

Carrier(s) _____

Service by: Hand-Delivery Mail Facsimile Email

Address: _____

Employer(s) _____

Service by: Hand-Delivery Mail Facsimile Email

Address: _____

Employer(s) Attorney(s) _____

Service by: Hand-Delivery Mail Facsimile Email

Address: _____

Second Injury Fund's Attorney _____

Service by: Hand-Delivery Mail Facsimile Email

Address: _____

Signature

Printed Name

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