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**TENNESSEE BUREAU OF WORKERS’ COMPENSATION**

**IN THE COURT OF WORKERS’ COMPENSATION CLAIMS**

**AT \_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| **Employee Name,** | **)** | **Docket No.:**  |
| **Employee,** | **)** |  |
| **v.** | **)** | **State File Number:**  |
| **Employer Name,** | **)** |  |
| **Employer,** | **)** | **Judge [ ]** |
| **And** | **)** |  |
| **Insurance Carrier Name,** | **)** |  |
| **Insurance Carrier.** | **)** |  |
|  | **)** |  |
|  |
| **MOTION FOR ADMISSION PRO HAC VICE** |

 The undersigned attorney\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, moves this Court for permission to appear *pro hac vice* in the above-styled case. In support of this motion, the undersigned relies upon the contemporaneously filed affidavit, which meets the requirements of Rule 19 of the Rules of the Tennessee Supreme Court, and a certificate of good standing from the appropriate attorney licensing body in my home jurisdiction. Accordingly, the undersigned requests that this motion be granted.

 Respectfully submitted,

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Attorney Name)

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 (License Number)