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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.** | **)** |  |
| **And****Second Injury Fund.** | **)****)** |  |
| **PRE-COMPENSATION HEARING STATEMENT** |
|  |

Pursuant to Rule 0800-02-21-.18(2) of the *Tennessee Compilation Rules and Regulations*, the parties [insert names] [self-represented or by and through counsel], jointly submit this Pre-hearing Statement.

1. CONTESTED ISSUES:

1)

2)

3)

4)

1. STIPULATIONS OF THE PARTIES:
2. FINDINGS OF FACT:
	1. Employee sustained an □ injury by accident, □ gradual injury, or □ occupational illness, arising out of the course and scope of the employment with the Employer.
	2. Employee’s date of injury is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
	3. Employee gave notice of the injury to the Employer on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
	4. Employee is \_\_\_\_ years of age and a resident of \_\_\_\_\_\_\_\_\_\_\_\_\_\_ County.
	5. Employee has completed the \_\_\_\_\_\_\_\_ grade and □ has □ has not obtained a high school diploma or GED.
	6. Employee received authorized medical treatment for the injury with the following medical providers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Medical expenses were paid by the Employer or its workers’ compensation insurance carrier/ administrator in the amount of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
	7. Employee reached the maximum level of medical improvement that the nature of the injury permits on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
	8. Employee received temporary disability benefits. Temporary total disability benefits were paid from \_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_ in the amount of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Temporary partial disability benefits were paid from \_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_ in the amount of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
	9. Employee □ has □ has not returned to work for the Employer, earning the same or greater wages as the Employee was earning prior to the injury.
	10. Employee’s average weekly wage is $\_\_\_\_\_\_\_\_\_, which entitles Employee to a weekly compensation rate of $\_\_\_\_\_\_­­­­­­\_\_\_­.

 (Add any other findings of fact stipulated to by the parties or counsel for the parties.)

1. CONCLUSIONS OF LAW:
2. This claim is governed by the Workers’ Compensation Laws for the State of Tennessee.
3. An employment relationship existed between the Employee and Employer at all relevant times.
4. Employee provided proper, statutory notice of the injury.
5. Employee filed the Petition for Benefit Determination within the applicable statute of limitations.

(Add any other conclusions of law stipulated to by the parties or counsel for the parties.)

1. WITNESSES: Notice of the witnesses listed below previously was served upon the opposing party or counsel for the opposing counsel in accordance with the Scheduling Hearing Order. (Include name and address of each witness.)
2. FOR THE EMPLOYEE:
	1. LAY WITNESSES:

i.

ii.

* 1. EXPERT WITNESSES: (Indicate if witness will appear in-person or by deposition.)
1.
2.
3. FOR THE EMPLOYER:
4. LAY WITNESSES:

i.

ii.

1. EXPERT WITNESSES: (Indicate if witness will appear in-person or by deposition.)
2.
3.
4. EXHIBITS: Copies of the exhibits listed below were previously served upon the opposing party or counsel for the opposing counsel in accordance with the Scheduling Hearing Order. (Attach copies of exhibits, including deposition transcripts.)

1) FOR THE EMPLOYEE: The following exhibits may be introduced into evidence:

 a.

b.

2) FOR THE EMPLOYER: The following exhibits may be introduced into evidence:

 a.

 b.

E. UNRESOLVED EVIDENTIARY DISPUTES:

 1) BY THE EMPLOYEE:

 a.

 b.

 2) BY THE EMPLOYER:

 a.

 b.

1. ESTIMATED HEARING TIME: The parties expect the Compensation Hearing to last \_\_\_\_\_ hours.

F. The parties □ will □ will not utilize the services of a court reporter at the Compensation Hearing. If a court reporter will be utilized, the parties agree that the court reporter’s fees will be paid by the □ Employee □ Employer or □ equally by both parties.

*Respectfully submitted,*

BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Attorney for Employee

BY: ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Attorney for Employer

BY: ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Attorney for SIF

(If not filed jointly, include certificate of service.)

**CERTIFICATION OF SERVICE**

 The undersigned certifies on this \_\_\_ day of \_\_\_\_\_­­\_\_\_\_\_\_\_\_\_, 20\_\_\_, a true and correct copy of the Pre-hearing Statement has been forwarded via facsimile, email and/or U.S. Mail, first class postage prepaid, to:

 ☐ Employee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ☐ Employee’s Attorney, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ☐ Employer, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ☐ Employer’s Attorney, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ☐ Carrier/Adjuster, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ☐ SIF Attorney, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_