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REQUEST FOR EXPEDITED HEARING

Tennessee Division of Workers' Compensation
Court of Workers' Compensation Claims
www.tn.gov/labor-wfd/wcomp.shtml
wc.courtclerk@tn.gov
1-800-332-2667

Docket #: _____
State File #/YR: _____
RFA #: _____
Date of Injury: _____
SSN: _____

REQUEST FOR EXPEDITED HEARING

Employee

Employer and Carrier

Pursuant to Rule 0800-02-21.14, the undersigned party or attorney hereby requests an Expedited Hearing regarding temporary disability and/or medical benefits and asks that the following occur (choose one):

- The assigned judge issue a ruling based on a review of the file without an evidentiary hearing.
- The assigned judge convene an evidentiary hearing to consider the request so that testimony/evidence may be presented. (If selected, please provide reason(s) why you believe an evidentiary hearing is necessary.)

****Evidentiary hearings will convene in the courtroom at the local office of the presiding workers' compensation judge. The judge will not convene an evidentiary hearing by telephone or take telephonic testimony unless special circumstances make the personal appearance of a party or witness impossible or unduly burdensome.****

****Any party seeking permission to attend a hearing by telephone or present witness testimony by telephone must file a motion requesting permission from the judge no later than ten (10) business days prior to the hearing date. The party bringing the motion must contact the court clerk and request a hearing date and conference line information before filing the motion. A copy of the motion must be served on the opposing party or the opposing party's counsel if the party is represented by an attorney and the Second Injury Fund's attorney, if the Second Injury Fund is a party. The motion shall include a notice of hearing setting forth the date and time of the hearing and specifying the conference call-in line number. All hearings on such motions shall be by telephone.****

If an evidentiary hearing is requested, please provide four (4) different agreed upon dates and specific times the parties are available to appear for the expedited hearing within thirty (30) days from the date this request is filed with the court clerk.

1st Date & Time 2nd Date & Time 3rd Date & Time 4th Date & Time

Time zones provided are Central Time Eastern Time

Pursuant to Division Rule 0800-02-21-.14 Requests for Expedited Hearing must be accompanied by affidavits and any other evidence demonstrating the requesting party is entitled to the benefits or relief sought. PLEASE NOTE: The hearings will be conducted in accordance with the Tennessee Rules of Evidence and Rules of Civil Procedure. See Tenn. Code Ann. § 50-6-239 (c)(1).

IDENTIFY WITNESSES

List any witnesses you may call to testify at the hearing in this matter, include each witness' address and telephone number, and state whether the witnesses will appear:

 Name Telephone Number Live Deposition Affidavit

 Address Live Deposition Affidavit

 Name Telephone Number Live Deposition Affidavit

 Address Live Deposition Affidavit

 Name Telephone Number Live Deposition Affidavit

 Address Live Deposition Affidavit

 Name Telephone Number Live Deposition Affidavit

 Address

CERTIFICATE OF SERVICE

The requesting party must serve a copy of this request on all parties or counsel of record. Failure to do so may delay the expedited hearing. The undersigned certifies on this ___ day of ____, 20__ that he/she served a true and correct copy of the Request for Expedited Hearing by facsimile, email and/or U.S. Mail, first class postage prepaid to the following:

- Mediator _____
- Employee _____
- Employee's Attorney, _____
- Employer, _____
- Employer's Attorney, _____
- Carrier/Adjuster, _____
- Second Injury Fund, _____

 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**