



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

_____, <b>Employee,</b>	)	Docket No.: _____
	)	
v.	)	
_____, <b>Employer,</b>	)	State File No.: _____
	)	
and	)	
_____, <b>Insurance Carrier.</b>	)	
	)	

**REQUEST FOR SCHEDULING HEARING**

Pursuant to Rule 0800-02-21.14 of the Tennessee Compilation Rules and Regulations, the undersigned party or representative hereby requests a Scheduling Hearing for the purpose of developing a discovery plan and issuing a Scheduling Order.

**Please provide four (4) different agreed-upon dates and specific times the parties are available to participate in a Judicial Conference within thirty calendar 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

**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. Service sent to: means the address, fax number, email address or company.

**Employee** \_\_\_\_\_  
Service by:  By Hand  Mail  Facsimile  Email  
Service Sent to: \_\_\_\_\_

**Employer(s)** \_\_\_\_\_  
Service by:  By Hand  Mail  Facsimile  Email  
Service Sent to: \_\_\_\_\_

**Employee's Atty** \_\_\_\_\_  
Service by:  By Hand  Mail  Facsimile  Email  
Service Sent to: \_\_\_\_\_

**Employer(s)' Atty(s)** \_\_\_\_\_  
Service by:  By Hand  Mail  Facsimile  Email  
Service Sent to: \_\_\_\_\_

**Carrier(s)** \_\_\_\_\_  
Service by:  By Hand  Mail  Facsimile  Email  
Service Sent to: \_\_\_\_\_

**SIF's Atty** \_\_\_\_\_  
Service by:  By Hand  Mail  Facsimile  Email  
Service Sent to: \_\_\_\_\_

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

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Please file with 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/workforce/section/injuries-at-work](http://www.tn.gov/workforce/section/injuries-at-work)**