



**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,)	
And)	
Second Injury Fund (if applicable).)	

REQUEST FOR EXPEDITED HEARING

Pursuant to Rule 0800-02-21.15, the undersigned party or attorney requests an Expedited Hearing regarding the provision of temporary disability and/or medical benefits and asks that the following occur (choose one):

- The undersigned party asks that the assigned Judge issue a decision on the record, instead of convening an evidentiary hearing.
- The undersigned party asks that the assigned Judge convene an evidentiary hearing so that testimony/evidence may be presented.**

PLEASE NOTE: Pursuant to Rule 0800-02-21-.15, a Request for Expedited Hearing must be accompanied by an affidavit containing a plain and concise statement of the facts upon which the request is based and any other documents demonstrating the party is entitled to the requested relief. 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).

**Evidentiary hearings will convene in the courtroom at the local office of the presiding workers' compensation judge. Any party seeking permission to attend a hearing by telephone or present witness testimony by telephone must file a motion in accordance with Rule 0800-02-21-.15.

If an evidentiary hearing is requested, provide four different agreed-upon dates and specific times all parties are available to appear for an evidentiary hearing.

_____ 1st Date & Time	_____ 2nd Date & Time	_____ 3rd Date & Time	_____ 4th Date & Time
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Time zones provided are: Central Time Eastern Time

