

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

?	) Docket No
Employee,	)
<b>V.</b>	)
,	) State File No
Employer,	)
And	)
9	) Judge
Carrier.	)
And	)
[If applicable] TROY HALEY,	)
Administrator, SUBSEQUENT	)
INJURY FUND.	)

# MOTION TO COMPEL COMPLIANCE WITH COURT ORDER

In this Motion, \_\_\_\_\_\_ asks the Court to order compliance with the compensation order or approved settlement.

The Court entered a compensation order *or* approved a settlement on \_\_\_\_\_(Date).

I contacted the employer/carrier on \_\_\_\_\_ (Date), requested compliance with the order, and informed the employer/carrier that a motion to enforce the order will be filed.

The requesting party certifies that the employer/carrier has not complied with the order or settlement approval by failing to: (Briefly explain what you are requesting.)

The Court should order compliance for the following reasons:

# THIS MOTION WILL BE HEARD ON \_\_\_\_\_ AT \_\_\_\_\_ AT \_\_\_\_\_\_ AT

\*\*Before filing this motion, you must contact the judge's staff to obtain a hearing date. You must write the date and time of the motion hearing above.\*\*

Respectfully Submitted,

Signature

# **CERTIFICATE OF SERVICE**

You must certify that you sent a copy of this motion to all parties and their attorneys and mark how the copy was sent (hand-delivery, mail, fax, or email) and write the fax number, email address, or street address.

I certify that on \_\_\_\_\_(date), I served a copy of this motion and its attachments in the following manner:

## Employee \_\_\_\_\_

Service by: 
Hand-Delivery 
Mail 
Fax 
Email Service Sent to: \_\_\_\_\_

# Employee's Attorney

Service by: 
□ Hand-Delivery 
□ Mail □Fax □Email Service Sent to: \_\_\_\_\_

□ **Carrier's Attorney**\_\_\_\_\_ Service by: □ Hand-Delivery □Mail □Fax □Email Service Sent to:

## Employer(s)

Service by: 
□ Hand-Delivery 
□Mail 
□Fax 
□Email Service sent to:

## □ Employer's Attorney\_\_\_

Service by: 
□ Hand-Delivery 
□Mail □Fax □Email Service sent to:

### □ Subsequent Injury Fund Service by: □ Hand-Delivery □Mail □Fax □Email

Service sent to:

Signature

Printed Name

# Please file with the Court Clerk.

220 French Landing Drive, 1st Floor Nashville, TN 37243-1002 wc.courtclerk@tn.gov Fax: 615-253-2480