



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

)	Docket No. _____
Employee,)	
v.)	
)	State File No. _____
Employer,)	
And)	
)	Judge _____
Carrier.)	
And)	
[If applicable] TROY HALEY,)	
Administrator, SUBSEQUENT)	
INJURY FUND.)	

MOTION FOR REFERRAL TO MEDIATION

_____ requests the parties return to mediation under Tennessee Code Annotated section 50-6-236. A Petition for Benefit Determination is pending before the Court of Workers' Compensation Claims.

In this Motion, the requesting party asks the Court to refer this claim to mediation for:

- Medical Benefits** **Temporary Disability Benefits**
- Permanent Disability Benefits** (Maximum Medical Improvement Date _____
Impairment Rating _____%)
- Other** (List any other issues to be mediated below.)

Brief explanation of current issue(s):

Mediations must be scheduled by agreement between the parties. Please contact all parties and write three different agreed upon dates and times below. Please circle the desired time.

 9:00 a.m. or 1:00 p.m.

 9:00 a.m. or 1:00 p.m.

 9:00 a.m. or 1:00 p.m.

*Please check one of the following:

- All parties agreed to the dates above.
- The requesting party was unable to coordinate dates with the other party. These are the dates the requesting party is available.

*****If your contact information has changed, please list your new information below:**

Phone Number: _____ Email: _____

Address: _____

Respectfully Submitted,

Signature

CERTIFICATE OF SERVICE

You must certify that you sent a copy of this notice 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: _____

Employer(s) _____
Service by: Hand-Delivery Mail Fax Email
Service sent to: _____

Employee's Attorney _____
Service by: Hand-Delivery Mail Fax Email
Service Sent to: _____

Employer'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: _____

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