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**TENNESSEE BUREAU OF WORKERS’ COMPENSATION**

**IN THE COURT OF WORKERS’ COMPENSATION CLAIMS**

**AT \_\_\_\_\_\_\_\_\_\_**

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| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,** | **)** | **Docket No. \_\_\_\_\_\_\_\_\_** |
| **Employee,** | **)** |  |
| **v.** | **)** | **State File No. \_\_\_\_\_\_\_\_** |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,** | **)** |  |
| **Employer,**  | **)** | **Judge \_\_\_\_\_\_\_\_\_\_**  |
| **And** | **)** |  |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,**  | **)** |  |
|  **Carrier,****And** **Second Injury Fund.** | **)****)****)** |  |
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| **SCHEDULING HEARING ORDER** |

 This matter came before the Court on \_\_\_\_\_\_\_\_\_\_, 20\_, upon the Employee’s/Employer’s Request for a Scheduling Hearing. Upon agreement of the parties, and for good cause shown, the Court hereby finds as follows:

1. CONTESTED ISSUES: The contested issues in this case are:
2. DISCOVERY:
* The parties shall submit and respond to all written discovery on or before \_\_\_\_\_\_\_\_\_\_\_\_\_\_**, 20\_\_**.
* The parties shall complete discovery depositions of fact witnesses on or before \_\_\_\_\_\_\_\_\_\_\_**, 20\_\_**.
* The parties shall complete proof depositions of all medical and/or expert witnesses on or before \_\_\_\_\_\_\_\_\_\_\_\_**, 20\_\_.**
* The parties shall file with the Court Clerk all medical records designated by the parties for introduction into evidence on or before **ten business days** before the Compensation Hearing. All medical records submitted shall be numbered and include a table of contents. No duplicate records shall be filed.

1. MOTIONS: The parties shall file any motion, including but not limited to, a motion to compel discovery, motion to quash, motion for protective order, motion to exclude, motion in limine, motion to dismiss, and/or motion for summary judgment, on or before \_\_\_\_, **20\_\_, and all responses must be filed no later than \_\_\_\_\_\_\_, 20\_\_**.
2. STIPULATIONS OF THE PARTIES: Each party shall submit any additional stipulations of fact on or before **ten business days** before the Compensation Hearing.
3. ALTERNATIVE DISPUTE RESOLUTION: Post-discovery alternative dispute resolution (mediation) shall be completed on or before \_\_\_\_\_\_, **20\_\_,** by filing an amended Petition for Benefit Determination for permanent disability benefits under this same docket number and listing the agreed dates for mediation. To provide the Mediation and Ombudsman Services of Tennessee and the Program Coordinator of the Local Bureau with sufficient time to schedule the post-discovery mediation, the parties must file the amended Petition for Benefit Determination for permanent disability benefits on or before \_\_\_\_\_\_, **20\_\_.** **The parties’ deadline for completion of post-discovery mediation shall not be extended for any reason, without express permission of the undersigned Workers’ Compensation Judge and only upon good cause shown, by written motion filed no later than ten days before the stated deadline**.
4. LIST OF PROPOSED WITNESSES: Each party shall file with the Court Clerk a list of the witnesses who may be called to testify at the Compensation Hearing, except for those called for impeachment or rebuttal purposes, on or before **ten business days** before the Compensation Hearing.
5. LIST OF PROPOSED EXHIBITS: Each party shall file with the Court Clerk a list of proposed exhibits, which may be introduced at the Compensation Hearing, except for those introduced for impeachment or rebuttal purposes, on or before **ten business days** before the Compensation Hearing.
6. PREHEARING STATEMENT: The parties shall file a prehearing statement on or before **ten business days** before the Compensation Hearing.
7. PRETRIAL HEARING: The parties shall participate in a telephonic pretrial hearing on **\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_, at \_\_\_\_ a.m./p.m. Central/Eastern Time.** The pretrial hearing will take place via telephone with Judge \_\_\_\_\_\_\_\_\_. You must dial in at \_\_\_\_\_\_\_\_\_\_\_ or \_\_\_\_\_\_\_\_\_\_ toll-free to participate. Failure to call in at the designated time may result in a determination of the issues without your participation.
8. COMPENSATION HEARING: The Compensation Hearing is set for \_\_\_\_\_\_**, 20\_\_,** at \_\_\_ **a.m./p.m. Central/Eastern Time** in the \_\_\_\_\_\_\_\_, located at \_\_\_\_\_\_\_\_\_**, in \_\_\_\_\_\_\_\_\_, Tennessee**. Absent extraordinary circumstances as determined by the Judge, the date of the Compensation Hearing shall not be modified.
9. ESTIMATED HEARING TIME: The parties expect the Compensation Hearing to last \_\_\_ **day(s)**.
10. **SETTLEMENT:  If the parties reach a settlement of all issues prior to the scheduled Compensation Hearing, the parties shall immediately give notice to the Court Clerk.**
11. **COMPLIANCE: Failure to comply with the deadlines in this Order subjects any party to referral to the Penalty Unit of the Bureau of Workers’ Compensation Claims for investigation and possible assessment of penalties pursuant to Tennessee Code Annotated section 50-6-118.**

**IT IS SO ORDERED.**

**ENTERED ON THIS THE \_\_\_ DAY OF \_\_\_\_\_, 20\_\_.**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Judge \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Workers’ Compensation Judge

**CERTIFICATE OF SERVICE**

I hereby certify that a true and correct copy of the Scheduling Hearing Order was sent to the following recipients by the following methods of service on this the \_\_\_ day of \_\_\_\_\_\_, 20\_\_\_.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Certified Mail | First Class Mail | Via Email | Service sent to: |
| Employee’s attorney |  |  |  |  |
| Employer’s attorney |  |  |  |  |
| SIF attorney |  |  |  |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 **PENNY SHRUM, COURT CLERK**

 wc.courtclerk@tn.gov