

5. A brief explanation of the current issue is: _____

6. All parties have been contacted and agreed upon the three dates and times below for mediation:

_____ 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.

Or: I am unable to coordinate dates with the other party; the dates above only show my availability.

Respectfully Submitted,

Signature/Date

CERTIFICATE OF SERVICE

The requesting party must serve a copy of this document on all parties and counsel of record. The undersigned certifies on this ____ day of _____, 20__ that he/she served a true and correct copy of the document and its attachments by facsimile, email and/or U.S. Mail, first class postage prepaid, to the following:

Employee _____
Service by: Hand-Delivery Mail Facsimile Email
Service Sent to: _____

Employer(s) _____
Service by: Hand-Delivery Mail Facsimile Email
Address: _____

Employee's Attorney _____
Service by: Hand-Delivery Mail Facsimile Email
Address: _____

Employer(s)' Attorney(s) _____
Service by: Hand-Delivery Mail Facsimile Email
Address: _____

Carrier(s) _____
Service by: Hand-Delivery Mail Facsimile Email
Address: _____

Subsequent Injury Fund's Attorney _____
Service by: Hand-Delivery Mail Facsimile Email
Address: _____

Signature

Printed Name

Upon receipt of this form, a Bureau of Workers' Compensation mediator will be assigned to help resolve the dispute. Please file this form with the Court of Workers' Compensation Claims via mail at 220 French Landing Drive, 1B, Nashville, TN 37243-1002; email PBD.courtclerk@tn.gov; or Fax: 615-253-2480.