

TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT  
Division of Workers' Compensation  
Nashville, Tennessee 37243-0661

NOTICE OF CONTROVERSY

*It is a crime to knowingly provide false, incomplete or misleading information to any party to a workers' compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines and denial of insurance benefits.*

State File #: \_\_\_\_\_

Claimant \_\_\_\_\_

Social Security # \_\_\_\_\_

Employer \_\_\_\_\_

FEIN # \_\_\_\_\_

Insurer \_\_\_\_\_

Insurer Claim# \_\_\_\_\_

Date of Injury \_\_\_\_\_

Date of Disability \_\_\_\_\_

\_\_\_\_\_  
Insurer/Self Insurer

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

Notice is hereby given to the Tennessee Workers' Compensation Division of controversy in the captioned workers' compensation claim.

Date Compensation benefits stopped \_\_\_\_\_

Matters in dispute \_\_\_\_\_

\_\_\_\_\_

Date claimant notified \_\_\_\_\_

\_\_\_\_\_  
Signature

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.