

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

NOTICE OF LAWSUIT

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 _____

_____ hereby notifies the Tennessee Workers'
Petitioner

Compensation Division of filing of lawsuit in the captioned claim.

Matters in dispute: _____

Date lawsuit filed: _____

County and Court of filing: _____

Docket #: _____

Attorney Filing and Firm Name: _____

Name

Address

Address

Dated this _____ day of _____, 20 _____.

A COPY OF LAWSUIT MUST ACCOMPANY THIS FORM