

COURTS on-line Electronic Filing Instructions

(1) Application for Review/Modification of Formal Award (Re-Openers) (2) Amended Re-Opener

Revision date 3/11/2014

Thank you for your interest in the COURTS on-line Electronic Filing program. This document will outline the step-by-step procedures for e-filing an **Application for Review and/or Modification of Formal Award (ARM)**. All users are encouraged to review these procedures (in conjunction with the basic E-Filing procedures document) prior to e-filing a Re-Opener document.

If at any time during the filing process you need assistance, please feel free to contact us at (609) 777-4921 or (609) 292-2556 or you can e-mail us at courts@dol.state.nj.us.

(1) Electronic Filing of Re-Openers

Prerequisites for e-Filing:

- The case being reopened must have been closed with one of the following orders: (Judgment, Order Approving Settlement, Order for Total Disability, Order for Total Disability with SIF and Order for Total Disability with SS).
- The filing attorney must have the case # and the petitioner’s SSN in order to file.
- Filing attorney need not be the current active petitioner attorney

Restrictions for e-filing:

- If the case is currently in Open or Reopened status, you cannot e-file a Re-Opener unless you are the active attorney on the case.
- The filing attorney cannot file a Re-opener on an MCP, DCP or Informal cases.
- Respondent attorneys wishing to file a re-opener cannot e-file the re-opener. They must do it via US mail.
- You cannot file on a case that has been discontinued
- The filing attorney cannot be listed as the active respondent attorney on the case

STEP BY STEP PROCEDURES:

Please note the data used in this tutorial is fictional

1. Open up the ReOpener wizard from the top menu under E-Filings. Select **Re-Opener**.
2. Enter in Year, Case Number and the Petitioner’s SSN (or assigned IDN). Hit **Search**.



3. If the CP # /SSN combination is valid and the case is eligible to be re-opened, a Respondent drop-down will appear, listing all active Respondents on the case.
 - Select the Respondent that will appear on this Re-Opener from the dropdown.
 - a. If there is only one active respondent, it will default to that respondent but you may change it. **(Note: for multi-respondent cases, only the selected respondent and their carriers will receive notice of the filing from the Division)**
 - b. If the case has no active Respondent parties (which may occur on very old cases), all the inactive Respondents will appear in the drop-down. You can select one.
 - c. If the Respondent Name(s) listed in the drop-down is **entirely** different from the respondent name that you have in your records (and not just a typo), **Cancel** the entry of this Re-Opener document. Contact the Division technical support (609) 777-4921, courts@dol.state.nj.us and await further instructions. You may have to file this Re-opener manually.

- Once the Respondent has been selected, hit **Continue** and go to Step 4.
 - Note:** If you are an attorney that was not the last active petitioner attorney on the case, you will also be asked to provide the petitioner's first and last name. The name must match the data that is in our system for that case. If the petitioner's name has changed since the original case, you will need to enter the old name.
 - If the name that you enter does not match what we have in our system, you can still continue, but the template will not be pre-filled with any petitioner data (i.e. name, address, date of birth, etc.). Hit **Continue** and go to Step 4.

Reopener Information

Reopeners can be e-filed by Petitioners/Petitioner's Attorneys only. All others should file manually.

Year: 2012 Case #: 7822 SSN: 900-01-2645

* Respondent: ABC EMPLOYER

Continue Cancel

- After hitting **Continue**, an interim page may appear, displaying two sections:
 - Reopeners/Amended Reopeners filed** – This section will appear if a Re-Opener or an Amended Re-Opener has already been filed on this case. You can review this information and then decide to **Cancel** or **Continue** with your filing.
 - Existing Draft Documents** – This section will appear if you or another person in your firm has already started data entering a Re-Opener document on this case, but has not yet had the chance to submit it. Having this will help prevent creating multiple instances of the same filing. If you wish to pick up where you last left off, click on the hyper-linked draft Doc #. That will take you right into the last saved document template. If you want to continue with filing a brand new document, hit the **Create New** button.
- RE-OPENER TEMPLATE:** A Re-Opener Claim data entry template will appear on the next screen in a tab format. The first tab is **Party Info**, followed by the **Print and Submit** tab.

The Party Info tab has 4 sections displayed:

- Petitioner (and a button to launch another tab which displays filing party information i.e. Guardian)
- Attorney for Petitioner
- Employer (this may also list corporate officers, if there are any)
- Carriers

Reopener

Party Info | Print and Submit

SMITH VS. ABC EMPLOYER Case #: 2012-7822

Petitioner

* SSN: 900 - 01 - 2645

* First Name: JOHN

* Last Name: SMITH

Please use actual street and town of residence

* Address Line1: 1 main street

Address Line2:

* City: trenton

* State: NEW JERSEY

* Zip Code: 08601

* Country: UNITED STATES

* Date of Birth: 01/01/1978 Gender: Male

Add Filing Party

Attorney For Petitioner

Tax Id:

* Company Name: KUNZ & GERMICK

* Address Line1: 55 RITTENHOUSE PLACE

Address Line2:

* City: JARDMORE

* State: PENNSYLVANIA

* Zip Code: 19003

* Telephone No: 215 - 8751400

Fax: 215 - 6890559

VS

Employer

* Name: ABC EMPLOYER

* Address Line1: 1 KAREN COURT

Address Line2:

* City: JACKSON

* State: NEW JERSEY

* Zip Code: 08527

* Country: UNITED STATES

Carrier List

The following carriers-/self-insurers will be included in this filing.

Name	From Date	To Date	Inactive	Primary
THE HARTFORD INS CO			<input type="checkbox"/>	<input type="checkbox"/>

Add Carrier

Clear Cancel Save and Continue

- **Party Info tab - Petitioner:**

Petitioner

* SSN: 900 - 01 - 2645

* First Name: JOHN

* Last Name: SMITH

Please use actual street and town of residence

* Address Line1: 1 MAIN STREET

Address Line2:

* City: TRENTON ...

* State: NEW JERSEY

* Zip Code: 08601 - ...

* Country: UNITED STATES ...

* Date of Birth: 01/01/1978 ? Gender: Male

Add Filing Party

- You may choose to update any of the petitioner information, except for the SSN. If your client's SSN has changed since the original filing, you should file a **Motion to Amend** with the court to officially change the data in our system.
- If the Re-opener is being filed by another party other than the injured worker (i.e. Guardian, etc.), hit the button called **Add Filing Party**. This will open up the **Filing Party** tab.
 - o Enter in new data or update existing data.
 - o If you wish to remove the existing party, hit the **Remove Filing Party** button. This will take you back to the Party Info tab.
 - o Hit **Save & Continue** when completed to save your changes. This also will take you back to the Party Info tab.

Filing Party Party Info Print and Submit

SMITH VS. ABC EMPLOYER Case #: 2012-7822, Draft #: 121426

Please provide information on the party filing this claim

* Name:

* Address Line1: Address Line2:

* City: ... * State: NEW JERSEY

* Zip Code: ... * Country: UNITED STATES ...

* Relationship To Petitioner: Select

Clear Cancel Remove Filing Party Save and Continue

- **Party Info tab - Attorney for Petitioner:**

Attorney For Petitioner

Tax Id:

* Company Name: KUNZ & GERMICK

* Address Line1: 55 RITTENHOUSE PLACE ?

Address Line2:

* City: ARDMORE ...

* State: PENNSYLVANIA

* Zip Code: 19003 - ...

* Telephone No:

Area Code	Phone	Extension
215	8751400	
Area Code	Fax Number	
215	6890559	

Fax:

- This section will display your firm's name and registered address with the Division. You have the option of changing the address in this section for purposes of how it will appear on the printed filing. **Note: This will not change the registered address with the Division. To do that, you must submit the request in writing.**

- **Party Info tab – Employer/Respondent**

- Verify the information displayed on the screen
- You cannot change the Name of the Respondent but you can update their address.
- If active corporate officers exist, they will also be displayed in this section. They cannot be changed or deleted.

- **Party Info tab - Carrier List**

- All the current active carriers for the selected Respondent will be displayed in the Carrier List. They cannot be removed from this filing. Verify that the carrier you wish to file against is displayed in the carrier List.
 - Note: You can edit certain data pertaining to the carrier, if needed by clicking on the linked [Name](#). This will allow you to edit the address as it will appear on the form, add/edit the carrier claim number and the dates of coverage if necessary.
- If there are no active carriers on this case (which may occur on very old cases), all the Inactive carriers will be displayed (with a check displayed in the checkbox under the **Inactive** section). You can select to activate one of these carriers for this filing by simply “unchecking” the check in the checkbox.
- If your Carrier is not listed here, hit the [Add Carrier](#) button and search for the new carrier.
- The **Search Insurance Carrier** widget will appear. Once you find the correct carrier from our search database (or enter in a brand new carrier via the [Unlisted](#) option **if you cannot** find the company), hit the [Add](#) button to add the carrier to the carrier list and then the [Close](#) button to close the search widget.
 - Note: You cannot add Unknown or Uninsured to the case with the entry of a Re-Opener.

- e. If you Added a carrier in error, you can remove it by simply checking off the checkbox that appears under the **Inactive** section. See the following:

The following carriers/self-insurers will be included in this filing.

Name	From Date	To Date	Inactive	Primary
THE HARTFORD INS CO			<input type="checkbox"/>	<input type="checkbox"/>
NEW JERSEY MANUFACTURERS INS			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Add Carrier

- f. Indicate the Primary carrier for this filing by placing a check in the check box under the Primary heading (this is the carrier that will be listed in the main page of the printed document). Any additional carriers listed here will appear in a separate supplemental page on the filing.

The following carriers/self-insurers will be included in this filing.

Name	From Date	To Date	Inactive	Primary
THE HARTFORD INS CO			<input type="checkbox"/>	<input type="checkbox"/>
NEW JERSEY MANUFACTURERS INS			<input type="checkbox"/>	<input checked="" type="checkbox"/>

Add Carrier

Clear Cancel Save and Continue

- g. Verify all the information on all 4 sections of the Party tab and then proceed to the next tab by hitting the **Save & Continue** at the bottom of the page. The document will be saved and made available in your Drafts folder, if you wish to stop the entry of the document and return to it later at some point.
- h. After you **Save & Continue** you will be taken to the last tab called Print & Submit.

6. PRINT & SUBMIT:

- Once you get to this tab, the system will check the data on the prior tabs to see if there are any errors. If there are errors, you will be informed with a warning message on the top of the form, as shown below (**Party Info – 1 Error**). You can go back to the tab to correct the error at any point prior to submitting the document.

Reopener

Party Info=1 Error Required Field =*

Party Info Print and Submit Case #: 2012-7822, Draft #: 121426

All errors and/or omissions must be corrected prior to printing this document for signature.

Workers' Compensation: SMITH(Petitioner) pursuant to N.J.S.A. 34:15-27 seeks modification and review of the award entered on [] for the following "reason":

Characters left: 3501

Date of Accident or Injury	Date of Last Comp. Pd.	Employment Status	Claim Petitions filed since Last award
[]	[]	[]	[]

This is the # [] Application for Review or Modification of this award

Demand is hereby made for all records of medical treatment, examinations and diagnostic studies

* Are you Medicare eligible or a Medicare beneficiary? [No]

* Were you eligible for Medicaid benefits at the time of the work injury? [No]

* Did you become eligible for Medicaid benefits after the work injury? [No]

Prior to submitting this document to the Division, it must be printed and signed.
You must retain the signed document in your records as required by the Division of Workers' Compensation Rules.

Cancel

- Enter in the information:
 - Date of prior award (**required**, but if not known, you can enter the text "unknown")
 - Reason for Filing (**required**)
 - Dates of Accident, Last Compensation Paid
 - Employment Status
 - List of CP's filed since last award
 - Which number filing this is (eg: "This is the # **3** Application for Review or Modification of this award")
 - Demand for Medical checkbox
 - 3 Medicare and Medicaid questions (Required)**

Case Search
Hearing List Search
Help Center

Party Info **Print and Submit** Case #: 2012-7822, Draft #: 121426

Workers' Compensation: JOHN SMITH(Petitioner) pursuant to N.J.S.A. 34:15-27 seeks modification and review of the award entered on 01/02/2013 for the following reason:
 Petitioner's injury has worsened. he is in need of additional medical treatment.

Characters left: 5421

Date of Accident or Injury	Date of Last Comp.Pd.	Employment Status	Claim Petitions filed since last award

This is the #1 Application for Review or Modification of this award

Demand is hereby made for all records of medical treatment, examinations and diagnostic studies

Are you Medicare eligible or a Medicare beneficiary? No
 Were you eligible for Medicaid benefits at the time of the work injury? No
 Did you become eligible for Medicaid benefits after the work injury? No

Prior to submitting this document to the Division, it must be printed and signed.
 You must retain the signed document in your records as required by the Division of Workers' Compensation.

Cancel

- If you are done with the entry of this form, hit **View and Print**. The document will appear as a pdf document in a new browser window.

State of New Jersey
Department of Labor and Workforce Development
Division of Workers' Compensation
PO Box 361
Trenton, New Jersey 08646-0361

APPLICATION FOR REVIEW OR MODIFICATION OF FORMAL AWARD
WC99

Case No: 2012-7822
Vintage:

SOCIAL SECURITY NUMBER: 880412945 <input type="checkbox"/> Social Not Available NAME: JOHN SMITH ADDRESS: 1 MAIN STREET TRENTON, NJ 08601 DATE OF BIRTH: 01/01/1978 SEX: Male <input type="checkbox"/> A guardian or other representative is filing on behalf of the petitioner. See supplemental page for details.	TAX IDENTIFICATION NUMBER: NAME: KUNZ & GERWICK ADDRESS: 95 WITTENHOLZ PLACE ARDMORE, PA 19003 TELEPHONE NUMBER: (215) 875-1400 Ext. <input type="checkbox"/> FAX NUMBER: (215) 889-0559
VS NAME: ABC EMPLOYER ADDRESS: 1 KAREN COURT JACKSON, NJ 08627 <input type="checkbox"/> If a partner, individual corporate officer, or officer, are also named as respondents. See Supplemental Page for details.	NAME: NEW JERSEY MANUFACTURERS INS ADDRESS: 501 SULLIVAN WAY CN 00128 WEST TRENTON, NJ 08628 CARRIER CLAIM NUMBER: <input checked="" type="checkbox"/> See supplemental page for additional carriers

TO THE DIVISION OF WORKERS' COMPENSATION:
 JOHN SMITH
 pursuant to N.J.S.A. 34:15-27 seeks modification and review of the award entered on 01/02/2013 for the following reasons:
 Petitioner's injury has worsened. He is in need of additional medical treatment.

As To Claim Petitioner	Date of Injury	Date of Last Comp. Pd.	Present Employment Status	Claim Petition filed since last award

This is the 1st Application for Review or Modification of this award.

Demand is hereby made for all records of medical treatment, examinations and diagnostic studies.

ARE YOU MEDICARE ELIGIBLE OR A MEDICARE BENEFICIARY? YES NO
 WERE YOU ELIGIBLE FOR MEDICAID BENEFITS AT THE TIME OF THE WORK INJURY? YES NO
 DID YOU BECOME ELIGIBLE FOR MEDICAID BENEFITS AFTER THE WORK INJURY? YES NO

STATE OF NEW JERSEY, COUNTY OF _____
 Subscribed and sworn to and affirmed to before me this ____ day of _____, 20__

Applicant _____

Please be advised that information collected from the filing of this claim petition may be used by the Division of Workers' Compensation for record keeping, record access/distribution, and case scheduling purposes. Petitions filed with the Division are public documents and may be inspected and copied except where prohibited by Section 34:15-128 of the Workers' Compensation Statute.

The Privacy Act, 5 U.S.C. § 552a, the Social Security Act, 42 U.S.C. § 405, and N.J.S.A. 34:15-1 et seq. authorize the Division of Workers' Compensation to request that the Petitioner supply the Division with his or her Social Security Number for record keeping purposes and cross-matches with the Social Security Administration, Workforce New Jersey, Temporary Disability Insurance and any other proper public purpose.

DIVISION OF WORKERS' COMPENSATION

Page 1 of 2

- Review the form for accuracy and then print it and have your client sign it. **Retain this signed document in your files.**
- After the document has been printed, the **Submit** button will appear on the lower right hand side of the data entry template. If you are ready to file this document, hit the **Submit** button.
- Upon submit, the system will remove the corresponding draft document from the **Drafts folder**. You will get a confirmation message that the filing was successful. If the filing went through but there were some data discrepancies (such as petitioner SSN mismatch with name and or date of birth), you will be notified of that on this page. The Technical Support Unit will investigate this data discrepancy.

Document successfully submitted to DWC.
 The Division will serve respondent or carrier(s) identified in this document. Any other parties must be served directly by you.

Following are the details of the case.

Case Number: 2012-7822	District Office: TRENTON
Case Title: SMITH VS. ABC EMPLOYER	Judge: UNKNOWN

- The Re-Opener will be assigned as follows:
 - If there is currently an active related case (including MCP types), the same District Office, Judge, cycle week, cycle day will be assigned to this re-opener. If the related cases are scheduled, this new case will also automatically be scheduled for a pre-trial hearing on the same day.

- b. If there are no open related cases, the District Office assignment will be recalculated based on the Petitioner's current address. If the new office assignment is the same as the last office assignment, the system will assign the case to the same judge who heard the case last unless that judge has retired or is no longer in that office.
- You can view the "filed" version of this document (with the date stamp of filing) by hitting the [View Filed Document](#) button on this screen. You can print and save this document if wish.
 - You can also view the document at any time by going into the case through **Case Search**, going to the **Documents** tab and finding the document in the list. A link to the document is provided there as well.

(2) Electronic Filing of Amended Re-Openers

Prerequisites for e-Filing and Amended Re-opener:

- Filing attorney must be the current active petitioner attorney
- The case must be in (R) Re-Opened status

Restrictions for e-filing an Amended Re-Opener:

- If the case is currently in (O) Open or (C) Closed status, you cannot e-file an Amended Re-Opener.

STEP BY STEP PROCEDURES:

The flow for E-filing an **Amended Re-Opener** are very similar to that of E-Filing a Re-Opener. Please become familiar with the basic procedures.

1. Open up the Amended ReOpener wizard from the top menu under E-Filings. Select **Amended Pleading** and then **Re-Opener**.



2. Enter in Year, Case Number. Hit **Search**.



3. If the CP # is valid and the case is eligible for an Amended Re-Opener to be filed, a Respondent drop-down will appear, listing all active Respondents on the case.
 - Select the Respondent that will appear on this Amended Re-Opener from the dropdown.
 - If there is only one active respondent, it will default to that respondent but you may change it. (**Note: for multi-respondent cases, only the selected respondent and their carriers will receive notice of the filing from the Division**)
 - Once the Respondent has been selected, hit **Continue**.



4. After hitting **Continue**, an interim page will appear, displaying two sections:
 - **Reopeners/Amended Reopeners filed** – This section will display the prior Re-Opener and any Amended Re-Openers already filed on this case. You can review this information and then decide to **Cancel** or **Continue** with your filing.
 - **Existing Draft Documents** – This section will appear if you or another person in your firm has already started data entering a Re-Opener/Amended Re-Opener document on this case, but has not yet had the chance to submit it. Having this will help prevent creating multiple instances of the same filing. If you wish to pick up where you last left off, click on the hyper-linked draft Doc #. That will take you right into the last saved document template. If you want to continue with filing a brand new document, hit the **Create New** button.

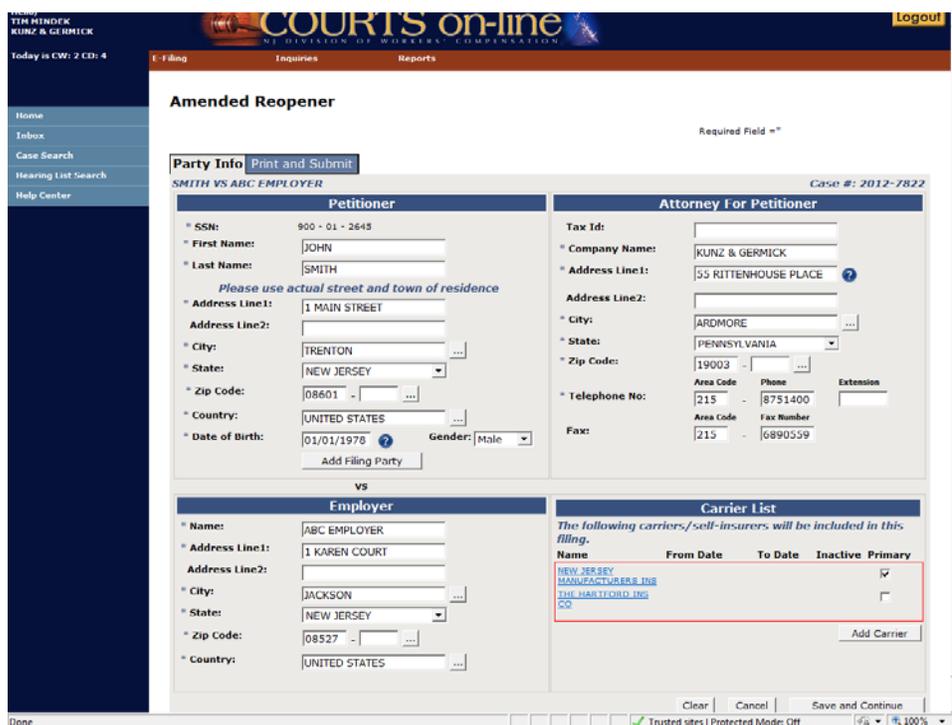


- An Amended Re-Opener Claim data entry template will appear on the next screen in a tab format. The first tab is **Party Info**, followed by the **Print and Submit** tab.

The Party Info tab has 4 sections displayed:

- Petitioner (and a button to launch another tab which displays filing party information i.e. Guardian)
- Attorney for Petitioner
- Employer (this may also list corporate officers, if there are any)
- Carriers

Note: The data that will pre-fill the 4 party sections will come from the latest data we have on the case.



- **Party Info tab - Petitioner:**

- You may choose to update any of the petitioner information, except for the SSN. If your client's SSN has changed since the original filing, you should file a **Motion to Amend** with the court to officially change the data in our system.
- If the Amended Re-opener is being filed by another party other than the petitioner (i.e. Guardian, etc..), hit the button called **Add Filing Party**. This will open up the **Filing Party** tab.
 - o Enter in new data or update the existing data.
 - o If you wish to remove the existing party, hit the **Remove Filing Party** button. This will take you back to the Party Info tab.
 - o Hit **Save & Continue** when completed to save your changes. This also will take you back to the Party Info tab.

- **Party Info tab - Attorney for Petitioner:**
 - a. This section will display your firm's name and registered address with the Division. You have the option of changing the address in this section for purposes of how it will appear on the printed filing. **Note: This will not change the registered address with the Division. To do that, you must submit the request in writing.**
- **Party Info tab – Employer/Respondent**
 - a. You cannot change the Name of the Respondent but you can update their address.
 - b. If active corporate officers exist, they will also be displayed in this section. They cannot be changed or deleted.
- **Party Info tab - Carrier List**
 - a. All the current active carriers for the selected Respondent will be displayed in the Carrier List. They cannot be removed from this filing.
 - b. You can edit certain data pertaining to an existing carrier, if needed by clicking on the linked [Name](#). This will allow you to edit the address as it will appear on the form, add/edit the carrier claim number and the dates of coverage if necessary.
 - c. If you wish to add a carrier to this amended filing, hit the [Add Carrier](#) button and search for the new carrier.
 - o The **Search Insurance Carrier** widget will appear.
Once you find the correct carrier from our search database (or enter in a brand new carrier via the [Unlisted](#) option **if you cannot** find the company), hit the [Add](#) button to add the carrier to the carrier list and then the [Close](#) button to close the search widget.
 - Note: You cannot add Unknown or Uninsured to the case with the entry of a Re-Opener.
 - o If you Added a carrier in error from the above step, you can remove it by simply checking off the checkbox that appears under the **Inactive** section.
 - d. You can indicate or change the Primary carrier for this filing by placing a check in the check box under the Primary heading (this is the carrier that will be listed in the main page of the printed document). Any additional carriers listed here will appear in a separate supplemental page on the filing.
 - e. Verify all the information on all 4 sections of the Party tab and then proceed to the next tab by hitting the [Save & Continue](#) at the bottom of the page. The document will be saved and made available in your Drafts folder, if you wish to stop the entry of the document and return to it later at some point.
 - f. After you [Save & Continue](#) you will be taken to the last tab called **Print & Submit**.

In this example of filing an Amended Re-Opener, we have changed the petitioner's address

The screenshot displays the 'Amended Reopener' form for Case # 2012-7822. The form is divided into four main sections: Petitioner, Attorney For Petitioner, Employer, and Carrier List.

Petitioner Information:

- SSN: 900 - 01 - 2645
- First Name: JOHN
- Last Name: SMITH
- Address Line 1: 1 MAPLE AVENUE
- Address Line 2: APT. 1B
- City: BRIDGEWATER
- State: NEW JERSEY
- Zip Code: 08807
- Country: UNITED STATES
- Date of Birth: 01/01/1978
- Gender: Male

Attorney For Petitioner Information:

- Tax Id: [Empty]
- Company Name: KUNZ & GERMICK
- Address Line 1: 55 RITTENHOUSE PLACE
- Address Line 2: [Empty]
- City: ARDMORE
- State: PENNSYLVANIA
- Zip Code: 19003
- Telephone No: 215 - 8751400
- Fax: 215 - 6890559

Employer Information:

- Name: ABC EMPLOYER
- Address Line 1: 1 KAREN COURT
- Address Line 2: [Empty]
- City: JACKSON
- State: NEW JERSEY
- Zip Code: 08527
- Country: UNITED STATES

Carrier List:

Name	From Date	To Date	Inactive	Primary
NEW JERSEY MANUFACTURERS INS			<input checked="" type="checkbox"/>	<input type="checkbox"/>
THE HARTFORD INS CO			<input type="checkbox"/>	<input type="checkbox"/>

Buttons at the bottom: Clear, Cancel, Save and Continue.

6. PRINT & SUBMIT:

- Once you get to this tab, the system will check the data on the prior tabs to see if there are any errors.

- If there are errors, you will be informed with a warning message on the top of the form. You can go back to the tab to correct the error at any point prior to submitting the document.
- The data in the Print & Submit tab will be pre-filled (if the last Re-Opener or Amended Re-Opener was done electronically). It will be blank if the last filing was done manually.
- Enter the following information (or update if the data is pre-filled from your last e-filing):
 - a. Date of prior award (**required**, but if not known, you can enter the text “unknown”)
 - b. Reason for Filing (**required**)
 - c. Dates of Accident, Last Compensation Paid
 - d. Employment Status
 - e. List of CP’s filed since last award
 - f. Which number filing this is (eg: “This is the # 3 Application for Review or Modification of this award”)
 - g. Demand for Medical checkbox
 - h. **3 Medicare and Medicaid questions (Required)**

i. **Summary of changes (Required):** In this section, please describe what information was changed with the filing of this Amended Re-Opener. (Example: “Updated the petitioner’s address and also corrected the Medicare question from NO to YES.”). See the following example:

The screenshot shows the 'Amended Reopener' form in the 'COURTS on-line' system. The form is titled 'Amended Reopener' and includes sections for 'Party Info', 'Print and Submit', and 'Summary of changes'. The 'Summary of changes' section contains the text: 'UPDATED THE PETITIONER'S ADDRESS AND ALSO CORRECTED THE MEDICARE QUESTION FROM NO TO YES.' The form also includes checkboxes for 'Demand is hereby made for all records of medical treatment, examinations and diagnostic studies' and three Medicare/Medicaid eligibility questions with 'Yes' and 'No' dropdown menus. A 'View and Print' button is visible at the bottom right of the form.

- If you are done with the entry of this form, hit **View and Print**. The document will appear as a pdf document in a new browser window.

State of New Jersey
Department of Labor and Workforce Development
Division of Workers' Compensation
PO Box 361
Trenton, New Jersey 08646-0361

**AMENDED
APPLICATION FOR REVIEW OR
MODIFICATION OF FORMAL AWARD**

Case No.: 2012-7822
VirtuSign: _____

AMAP

<p>PETITIONER</p> <p>SOCIAL SECURITY NUMBER: 900-01-2645 <input type="checkbox"/> Don't Ask About</p> <p>NAME: JOHN SMITH</p> <p>ADDRESS: 1 MAPLE AVENUE APT 10 BRIDGEWATER, NJ 08807</p> <p>DATE OF BIRTH: 01/01/1978 <input type="checkbox"/> Male</p> <p><input type="checkbox"/> A guardian or other representative is filing on behalf of the petitioner. See Supplemental Page for details.</p>	<p>ATTORNEY FOR PETITIONER</p> <p>FAX IDENTIFICATION NUMBER:</p> <p>NAME: KUNZ & GERMICK</p> <p>ADDRESS: 55 RITTENHOUSE PLACE ANDOMORE, PA 19003</p> <p>TELEPHONE NUMBER: (215) 875-1400 Ext. FAX NUMBER: (215) 889-0559</p>
<p>RESPONDENT</p> <p>NAME: ABC EMPLOYER</p> <p>ADDRESS: 1 KAREN COURT JACKSON, NJ 08527</p> <p><input type="checkbox"/> If uninsured, individual corporate officers, or others, are also named as respondent(s). See Supplemental Page for details.</p>	<p>INSURANCE CARRIER (TPA)</p> <p>NAME: NEW JERSEY MANUFACTURERS INS</p> <p>ADDRESS: 301 SULLIVAN WAY CN 0028 WEST TRENTON, NJ 08628</p> <p>CARRIER CLASS NUMBER: <input type="checkbox"/> See supplemental page for additional carriers.</p>

TO THE DIVISION OF WORKERS' COMPENSATION: JOHN SMITH
pursuant to N.J.S.A. 34:15-27 seeks modification and review of the award entered on 01/01/2013, for the following reasons:
Petitioner's injury has worsened. He is in need of additional medical treatment.

As To Claim Petitioner:	Date of Injury:	Date of Last Comp. Pd:	Present Employment Status:	Claim Petition Filed since last award:
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This is the 1st Application for Review or Modification of this award.

Demand is hereby made for all records of medical treatment, examinations and diagnostic studies.

ARE YOU ELIGIBLE FOR MEDICAID BENEFITS AT THE TIME OF THE WORK INJURY? YES NO

DID YOU BECOME ELIGIBLE FOR MEDICAID BENEFITS AFTER THE WORK INJURY? YES NO

Summary of Changes with this Amended filing: UPDATED THE PETITIONER'S ADDRESS AND ALSO CORRECTED THE MEDICARE QUESTION FROM NO TO YES.

STATE OF NEW JERSEY, COUNTY OF _____
Subscribed and sworn to before me this ____ day of _____, 20____.

Applicant

Please be advised that information collected from the filing of this claim petition may be used by the Division of Workers' Compensation for record keeping, record access/distribution, and case scheduling purposes. Petitions filed with the Division are public documents and may be inspected and copied except where prohibited by Section 34:15-126 of the Workers' Compensation Statute.

The Privacy Act, 5 U.S.C. § 552a, the Social Security Act, 42 U.S.C. § 405, and N.J.S.A. 34:15-1 et seq. authorize the Division of Workers' Compensation to request that the Petitioner supply the Division with his or her Social Security Number for record keeping purposes and cross-matches with the Social Security Administration, Workforce New Jersey, Temporary Disability Insurance and any other proper public purpose.

DIVISION OF WORKERS' COMPENSATION

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- Review the form for accuracy and then print it and have your client sign it. **Retain this signed document in your files.**
- After the document has been printed, the **Submit** button will appear on the lower right hand side of the data entry template. If you are ready to file this document, hit the **Submit** button.
- Upon submit, the system will remove the corresponding draft document from the **Drafts folder**. You will get a confirmation message that the filing was successful.

Hello, **TEX MINDEK, KUNZ & GERMICK** Logout

Today is CW: 2 CD: 4

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E-Filing Inquiries Reports

Amended Reopener

Document successfully submitted to DWC.
The Division will serve respondent or carrier(s) identified in this document. Any other parties must be served directly by you.

Following are the details of the case.

Case Number: 2012-7822	District Office: TRENTON
Case Title: SMITH VS ABC EMPLOYER	Judge: UNKNOWN

File Another View Filed Document

- You can view the "filed" version of this document (with the date stamp of filing) by hitting the **View Filed Document** button on this screen. You can print and save this document if wish. You can also view the document at any time by going into the case through **Case Search**, going to the **Documents** tab and finding the document in the list. A link to the document is provided there as well.
- The following is the **filed** Amended Re-Opener. The changes submitted with the Amended filing will be highlighted in **yellow** if the previously filed Re-opener or Amended Re-Opener was e-filed.

State of New Jersey Department of Labor and Workforce Development Division of Workers' Compensation P.O. Box 301 Trenton, New Jersey 08625-0301	AMENDED APPLICATION FOR REVIEW OR MODIFICATION OF FORMAL AWARD NO. 2	Case No.: 2012 - 7922 Venue: TRENTON
PETITIONER SOCIAL SECURITY NUMBER: 905-01-2845 NAME: JOHN SMITH ADDRESS: 1 MAPLE AVENUE APT. 10 BRIDGEWATER, NJ 08607 DATE OF BIRTH: 01/01/1976 SEX: Male <input type="checkbox"/> A guardian or other representative is filing on behalf of the petitioner. See supplemental page for details.	ATTORNEY FOR PETITIONER NAME: KUNZ & GERWICK ADDRESS: 55 RITTENHOUSE PLACE ARDMORE, PA 19003 TELEPHONE NUMBER: (215) 875-1400 Ext. Fax NUMBER: (215) 899-0559	This document was electronically filed on: 01/18/2014 TAX IDENTIFICATION NUMBER: NAME: NEW JERSEY MANUFACTURERS INS ADDRESS: 301 SULLIVAN WAY CN 00728 WEST TRENTON, NJ 08629 CARRIER CLAIM NUMBER: <input checked="" type="checkbox"/> See supplemental page for additional carriers
RESPONDENT NAME: ABC EMPLOYER ADDRESS: 1 KAREN COURT JACKSON, NJ 08527 <input type="checkbox"/> If uninsured, individual corporate officers, or others, are also named as respondent(s). See Supplemental Page for details.	INSURANCE CARRIER TYPE: NAME: NEW JERSEY MANUFACTURERS INS ADDRESS: 301 SULLIVAN WAY CN 00728 WEST TRENTON, NJ 08629 CARRIER CLAIM NUMBER: <input checked="" type="checkbox"/> See supplemental page for additional carriers	

TO THE DIVISION OF WORKERS' COMPENSATION: JOHN SMITH

pursuant to N.J.S.A. 34:15-27 seeks modification and review of the award entered on 01/01/2013 for the following reasons:

Petitioner's injury has worsened. He is in need of additional medical treatment.

As To Claim Petitioner:	Date of Injury:	Date of Last Comp. Pk:	Present Employment Status:	Claim Petition filed since last award:
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This is the 1st Application for Review or Modification of this award.

Demand is hereby made for all records of medical treatment, examinations and diagnostic studies.

ARE YOU MEDICARE ELIGIBLE OR A MEDICARE BENEFICIARY? YES NO

WERE YOU ELIGIBLE FOR MEDICAID BENEFITS AT THE TIME OF THE WORK INJURY? YES NO

DID YOU BECOME ELIGIBLE FOR MEDICAID BENEFITS AFTER THE WORK INJURY? YES NO

Summary Of Changes with this Amended filing: UPDATED THE PETITIONERS ADDRESS AND ALSO CORRECTED THE MEDICARE QUESTION FROM NO TO YES.

Petitioner therefore requests that the Division of Workers' Compensation determine the amount of compensation due Petitioner from said Respondent, pursuant to N.J.S.A. 34:15-7 et seq., and that Petitioner may be awarded Petitioner's costs in this proceeding, and such other or further relief as may be proper.

Pursuant to N.J.S.A. 34:15-51 and NJAC 12:235-3.1 an identical paper copy of this pleading, duly verified, has been retained by the attorney for petitioner listed above.

Please be advised that information collected from the filing of this claim petition may be used by the Division of Workers' Compensation for record keeping, record access/distribution, and case scheduling purposes. Petitions filed with the Division are public documents and may be inspected and copied except where prohibited by Section 34:15-128 of the Workers' Compensation statute.

The Privacy Act, 5 U.S.C. § 552a, the Social Security Act, 42 U.S.C. § 405, and N.J.S.A. 34:15-1 et seq. authorize the Division of Workers' Compensation to request that the Petitioner supply the Division with his or her Social Security number for record keeping purposes and cross-matches with the Social Security Administration, Workforce New Jersey, Temporary Disability Insurance and any other proper public purpose.

DIVISION OF WORKERS' COMPENSATION

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