

State of New Jersey  
Department of Labor and Workforce Development  
DIVISION OF WORKERS' COMPENSATION

WC-101i PDF (r-3-07)

**NOTICE OF MOTION FOR  
TEMPORARY AND/OR  
MEDICAL BENEFITS  
(N.J.A.C. 12:235-3.2)**

CASE NO'S.:

VICINAGE:

<b>PETITIONER</b>	SOCIAL SECURITY NUMBER:	DOB:
	NAME:	
	ADDRESS:	

**vs**

<b>RESPONDENT</b>	NAME:
	ADDRESS:

<input type="checkbox"/> SSN	<input type="checkbox"/> FEDERAL EMPLOYER NUMBER	<input type="checkbox"/> NJ REG NUMBER
NAME:		
ADDRESS:		
TELEPHONE NUMBER (AREA CODE):		

NAME	<input type="checkbox"/> SELF-INSURED	<input type="checkbox"/> NOT-COVERED
CLAIM NUMBER:		
ADDRESS:		

**TO:** \_\_\_\_\_  
(Respondent's Attorney)

\_\_\_\_\_  
(Address)

**This Motion is supported by affidavit(s) and/or certification(s) made in the personal knowledge of the:**

**Petitioner and/or**       **Petitioner's Attorney**

**Petitioner alleges that:**

**A. Temporary Disability Benefits**

Petitioner is currently totally temporarily disabled and entitled to temporary disability benefits from \_\_\_\_\_ and continuing at the rate of \$ \_\_\_\_\_ per week. Respondent provided benefits from \_\_\_\_\_ through \_\_\_\_\_ at the rate of \$ \_\_\_\_\_ per week.

**B. Medicals**

**As set forth in the attached medical report(s)\* of** \_\_\_\_\_

**Petitioner is currently in need of:**

**Medical treatment** \_\_\_\_\_

**Diagnostic studies** \_\_\_\_\_ ; and/or

**Referral to a specialist(s)** \_\_\_\_\_

\* Medical report(s) must state the medical diagnosis. If the petitioner, having received treatment, cannot secure a report of the medical provider authorized by the respondent, this may be set forth in the affidavit in lieu of the physician's report.

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**C. Other Information Attached or Enclosed if available** (see attached)   
**Itemized bill (s) and report(s) of treating physician(s) and/or institutions for which services petitioner is seeking payment (list here or attach).**

**D. Other Evidence in Support of Motion** (see attached)   
**(list here or attach)**

Dated: \_\_\_\_\_

\_\_\_\_\_  
*Attorney for Petitioner*