

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

WC-170i (r-6-15-07)

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

CASE NO'S.:

VICINAGE:

PETITIONER

NAME:

ADDRESS:

RESPONDENT

NAME:

ADDRESS:

VS

ATTORNEY FOR  
RESPONDENT

SSN     FEDERAL EMPLOYER NUMBER     NJ REG NUMBER

NAME:

ADDRESS:

TELEPHONE NUMBER (AREA CODE):

INSURANCE  
CARRIER

NAME

SELF-INSURED

NOT-COVERED

CLAIM NUMBER:

ADDRESS:

**RESPONDENT: In answer to Petitioner's Notice of Motion for Temporary and Medical Benefits, respectfully states:**

**That Petitioner is not entitled to Temporary Disability Benefits.** *(State medical, factual and legal reasons):*

**That Petitioner is only entitled to Temporary Disability Benefits for the following period:**

\_\_\_\_\_ to \_\_\_\_\_ or \_\_\_\_\_ Weeks at \$ \_\_\_\_\_ Per week     Paid     Unpaid  
*(State medical, factual and legal reasons):*

**That Petitioner is not entitled to the medical treatment requested.** *(State medical, factual and legal reasons and attach pertinent reports, affidavits or certification):*

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

\_\_\_\_\_  
*Attorney for Respondent*