g	CN			ORD	NFD	1				
Dep	e of New Jersey artment of Labor an	d Workforce Development)EK	CASE NO'S.:				
DIV	ISION OF WORKE	ERS' COMPENSATION								
WC-	-100 (r. 8/27/2015)		☐ APPROV	/ING	SETTLEMENT	VICINAGE:				
~	NAME:		ÆR	FEDERAL EMPLOYER NUMBER						
ONE	DATE OF BIRTH: MEDICARE ELIGIBLE: YE		S □ NO	ATTORNEY FOR PETITIONER	NAME:					
PETITIONER	ADDRESS:				ADDRESS:					
RESPONDENT		vs		ORN	TELEPHONE NUMBER (AREA CODE):					
	NAME: ADDRESS:				APPEARING:					
					NAME	☐ RESPONDENT IS SELF-INSURED ☐ T				
				INSURANCE CARRIER	ADDRESS:					
×										
	NAME:			INST						
ATTORNEY FOR RESPONDENT	ADDRESS:				CLAIM NUMBER:					
TTORNEY FC RESPONDENT					DATE OF ACCIDENT OR OCCUPATIONAL EXPOSURE:					
ATTO RESI	TELEPHONE NUMBER (AREA CODE):				DESCRIBE (Briefly):					
1	APPEARING:									
(Lis	MINISTRATIVE I at Other Insurance Consissed from case, wi	arriers to be								
We	ekly Wages: \$	R	ate(s): \$		/ \$					
IF I		TITION, INDICATE FOR	LAST AWARD:							
Dat		Award:		Peri	manent Paid: \$	Temporary Paid: \$				
TH	THIS MATTER HAVING COME BEFORE THE COURT ON THIS DAY OF ,									
		OR JUDGMENT								
	It appeari		ed a compensable in er be awarded com	njury pensa	on the above mentio	ned date while in the employ of respondent; le as indicated on Page 2.				
		PPROVING SETTLEME		- - Cou	urt having been made	that the terms of the settlement are fair and just;				
	It is Ordered	that this settlement be appr	oved and the petiti	oner	be paid as indicated	on page 2.				
PE		SABILITY (Describe Per	rcentages below f	ollow	ed by the Nature a	and Extent of Injury and Members involved):				
	% of									

State of New Jersey Department of Labor and Workforce Development DIVISION OF WORKERS' COMPENSATION WC-100 (r 8/27/2015)	ORDER JUDGMENT APPROVING SETTLEMENT			CASE NO'S.: VICINAGE:			
PERMANENT: weeks at \$	= \$	less \$ less \$	paid	d = Balance due \$			
Credits: Bonafide Voluntary Tender Non Bonafide Voluntary Tender Reopener Credit N.J.S.A. 34:15-40 MEDICAL BILLS (Doctors and/or Institutions) AND/OR MISCELLANEOUS INFORMATION:							
□ ORDER FOR CHILD SUPPORT □ MEDICARE ADDENDUM ATTACHED □ ADDENDUM ATTACHED							
ALLOWANCES	REIMBURSE	TAX IDENTIFICATION NUMBER	TOTAL AMT. ALLOWED	PAYABLE BY PETITIONER	PAYABLE BY RESPONDENT		
MEDICAL FEE ALLOWED: (report and/or testimony)							
INTERPRETER:							
INTERFRETER.							
ATTORNEY(S) FEE:							
STENOGRAPHIC SERVICE							
MISCELLANEOUS FEES: (list below)							
The Court finds the parties adequately considered Medicare interest, be that as it may, should a Medicare issue arise, this Court retains jurisdiction. WE HEREBY CONSENT TO THE ENTRY AND FORM OF THIS ORDER AND ACKNOWLEDGE RECEIPT OF COPY: THE COURT FINDS THIS SETTLEMENT FAIR AND JUST.							
PETITIONER'S ATTORNEY	JUDGE OF COMPENSATION DATE						
PETITIONER (where applicable)	JUDGE'S NAME THE ORIGINAL OF THIS DOCUMENT, SIGNED BY THE JUDGE OF						

RESPONDENT'S ATTORNEY

THE ORIGINAL OF THIS DOCUMENT, SIGNED BY THE JUDGE OF COMPENSATION, WILL BE MAINTAINED ON FILE IN THE DIVISION OF WORKERS' COMPENSATION, PURSUANT TO N.J.S.A. 34:15-121 et. seq.

State of New Jersey Department of Labor and Workforce Development DIVISION OF WORKERS' COMPENSATION WC-168 r. 8/27/2015

CASE EXHIBIT LISTING FOR: \square PETITIONER \square RESPONDENT

CASE NO'S.:		
VICINAGE:		

Petitioner: Petitioner Attorney:										
					Retained					
Hearing Date	No.	ID	Ev.	Description		Court	Atty.	Reporter		