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

WE HEREBY CONSENT TO THE ENTRY AND FORM OF THIS ORDER AND

ACKNOWLEDGE RECEIPT OF COPY:

PETITIONER'S ATTORNEY

PETITIONER (where applicable)

RESPONDENT'S ATTORNEY

ORDER FOR DISMISSAL

CASE NO'S.:		

WC-100-Dismissal Interactive (r. 7/1/2013)				VICINAGE:						
	NAME: DATE OF BIRTH:		_ ~	FEDERAL EMPLO						
PETITIONER			ATTORNEY FOR PETITIONER	NAME:						
	ADDRESS:		ЕПТ	ADDRESS:						
PETI			OR P							
			TEY F							
	vs			TELEPHONE NUMBER (AREA CODE):						
ENT	NAME:		AT	APPEARING:						
RESPONDENT	ADDRESS:			NAME		☐ SELF-IN	SURED TPA			
RESP			INSURANCE	ADDRESS:						
	NAME:		SURA ARRI							
ATTORNEY FOR RESPONDENT	ADDRESS:			CLAIM NUMBER:						
ATTO RESI	TELEPHONE NUMBER (AREA CODE):									
4	APPEARING:									
				_						
THIS MATTER HAVING COME BEFORE THE COURT ON THIS DAY OF ,										
Ш	ORDER FOR DISMISSAL WITH			at to the righ	t to annly to the Di	vicion of Workow	a!			
Lack of Prosecution pursuant to <u>NJSA</u> 34:15-54, subject to the right to apply to the Division of Workers' Compensation to have the petition reinstated for good cause, within one year from the date of this dismissal.										
	Other:									
	ORDER FOR DISMISSAL WITH									
	Failure to Sustain Burden of P	roof								
	Other:									
ALLOWANCES REIMBURSE T			ENTIFICATION	TOTAL AMT.	PAYABLE BY	PAYABLE BY				
ALLOWANCES			N	UMBER	ALLOWED	PETITIONER	RESPONDENT			
STE	NOGRAPHIC SERVICE:									

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.

DATE

JUDGE OF COMPENSATION

JUDGE'S NAME