

RESPONDENT'S ANSWER TO CLAIM PETITION

Case No.: _____

Vicinity: _____

ORIGINAL ANSWER AMENDED ANSWER

PETITIONER

SOCIAL SECURITY OR IDENTIFICATION NUMBER:
NAME:
ADDRESS:

VS

RESPONDENT

NAME:
ADDRESS:
CORRECT NAME OF RESPONDENT IF INCORRECT ON CLAIM PETITION:

ATTORNEY FOR RESPONDENT

NAME:	
ADDRESS:	
TELEPHONE NUMBER:	FAX NUMBER:

INSURANCE CARRIER or SELF-INSURED ENTITY

NAME:
ADDRESS:
CARRIER CLAIM NUMBER:

IN ANSWER TO CLAIM PETITION IN THIS CAUSE RESPONDENT STATES:	
Petitioner was in employment on date alleged in petition: YES <input type="checkbox"/> NO <input type="checkbox"/>	Correct date of accident or exposure if incorrect on Claim Petition:
Arose out of and in the course of employment: YES <input type="checkbox"/> NO <input type="checkbox"/>	Coverage was provided on date of accident or exposure: YES <input type="checkbox"/> NO <input type="checkbox"/>

THIRD PARTY ADMINISTRATOR

NAME:
ADDRESS:
TPA CLAIM NUMBER:

How and where injury or disease occurred:

Nature of injury or disease:

Petitioner's occupation:	Date respondent had knowledge or notice of injury or disease:	Date petitioner stopped work:	Date returned to work:
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Wage Period:	Gross Wages: \$	Rate of compensation: \$	Weeks Temporary Paid:	Temporary Payments continuing: YES <input type="checkbox"/> NO <input type="checkbox"/>	Temporary disability paid: \$
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Permanent Disability:
 Paid or being paid _____ % disability of _____ (# _____ weeks @ \$ _____ totaling \$ _____)

Respondent rendered aid to the petitioner: YES NO If YES, please list the individuals and/or institutions providing aid or treatment:

The Respondent reserves the right to cross examine all physicians upon whom the petitioner will rely in proof of the claim

Other pertinent information:

See page 2

- Demand is hereby made for answers to standard occupational disease interrogatories [N.J.A.C. 12:235-3.8(f)]
- Demand is hereby made for all records of medical treatment, examinations and diagnostic studies [N.J.A.C. 12:235-3.8 (c)]

I certify that the foregoing statements made by me are true to the best of my knowledge, information and belief.

 Attorney for the Respondent

 Date