State of New Jersey
Department of Labor and Workforce Development
Division of Workers' Compensation
PO Box 381
Trenton, NJ 08625-0381

WC(CF)-66 (R-2-06)

## APPLICATION FOR INFORMAL HEARING

FOR STAFF USE ONLY	
CASE NO:	
VICINAGE:	

□ NEW □ AMENDED ORIGINAL INFORMAL CASE #	
SOCIAL SECURITY NUMBER	EMPLOYER
EMPLOYEE	ADDRESS (Including County)
ADDRESS (Including County)	
	INSURANCE CARRIER
TELEPHONE NUMBER	ADDRESS
DATE OF BIRTH	
	n the Employer or by writing to the Compensation Rating and Inspection RE TO INCLUDE A SELF-ADDRESSED STAMPED ENVELOPE)
Date of Accident Type of Inju	ıry
Hearing Requested by:	
TELEPHONE NUMBER:	
WERE YOU ELIGIBLE FOR MEDICAID BENEFITS AT DID YOU BECOME ELIGIBLE FOR MEDICAID BENEF	
FORMAL PETITION within two	the Statute of Limitations from expiring. FAILURE TO FILE A years of the date of accident or the last payment and / or authorized er's insurance carrier can bar any action on a claim filed after that time.
	MMEDIATE PROCESSING, ORM IN FULL OR IT WILL BE RETURNED
	Signature Date

The Privacy Act, 5 U.S.C. § 552a, the Social Security Act, 42 U.S.C. § 405, and N.J.S.A. 34:15-1 et. seq. authorize the Division of Workers' Compensation to request that the Petitioner supply the Division with his or her Social Security number for record keeping purposes and cross-matches with the Social Security Administration, Workforce New Jersey, Temporary Disability Insurance and any other proper public purpose.