

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
EMPLOYEE
ADDRESS (Including County)
TELEPHONE NUMBER
DATE OF BIRTH

EMPLOYER
ADDRESS (Including County)

INSURANCE CARRIER
ADDRESS

Name of the Insurance Company can be obtained either from the Employer or by writing to the Compensation Rating and Inspection Bureau 60 Park Place, Newark, New Jersey 07102 (BE SURE TO INCLUDE A SELF-ADDRESSED STAMPED ENVELOPE)

Date of Accident _____ Type of Injury _____

Hearing Requested by:

EMPLOYEE (PETITIONER)

EMPLOYER

INSURANCE CARRIER

PETITIONERS ATTORNEY: If checked, please provide Name and Address of Attorney:

NAME:
ADDRESS:
TELEPHONE NUMBER:

WERE YOU ELIGIBLE FOR MEDICAID BENEFITS AT THE TIME OF THE ACCIDENT? YES NO

DID YOU BECOME ELIGIBLE FOR MEDICAID BENEFITS AFTER THE ACCIDENT? YES NO

YOU ARE ADVISED THAT MEDICAID PAYMENTS RELATED TO THE ACCIDENT ARE TO BE PAID IN ACCORDANCE WITH N.J.S.A. 30:14-1, et. seq.

IMPORTANT: This proceeding will not prevent the Statute of Limitations from expiring. FAILURE TO FILE A FORMAL PETITION within two years of the date of accident or the last payment and / or authorized medical treatment by the employer's insurance carrier can bar any action on a claim filed after that time.

TO INSURE IMMEDIATE PROCESSING,
PLEASE COMPLETE THIS FORM 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.