

# ORDER FOR DISMISSAL

CASE NO'S.:

WC-100-Dismisal Interactive (r. 7/1/2013)

VICINAGE:

**PETITIONER**

NAME: \_\_\_\_\_  
 DATE OF BIRTH: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_

**ATTORNEY FOR PETITIONER**

FEDERAL EMPLOYER NUMBER: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 TELEPHONE NUMBER (AREA CODE): \_\_\_\_\_  
 APPEARING: \_\_\_\_\_  
 NAME  SELF-INSURED  TPA  
 ADDRESS: \_\_\_\_\_  
 CLAIM NUMBER: \_\_\_\_\_

**VS**

**RESPONDENT**

NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_

**ATTORNEY FOR RESPONDENT**

NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 TELEPHONE NUMBER (AREA CODE): \_\_\_\_\_  
 APPEARING: \_\_\_\_\_

**INSURANCE CARRIER**

THIS MATTER HAVING COME BEFORE THE COURT ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_

**ORDER FOR DISMISSAL WITHOUT PREJUDICE**

- Lack of Prosecution pursuant to N.J.S.A. 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 PREJUDICE**

- Failure to Sustain Burden of Proof
- Other: \_\_\_\_\_

| ALLOWANCES            | REIMBURSE | TAX IDENTIFICATION NUMBER | TOTAL AMT. ALLOWED | PAYABLE BY PETITIONER | PAYABLE BY RESPONDENT |
|-----------------------|-----------|---------------------------|--------------------|-----------------------|-----------------------|
|                       |           |                           |                    |                       |                       |
|                       |           |                           |                    |                       |                       |
| STENOGRAPHIC SERVICE: |           |                           |                    |                       |                       |

WE HEREBY CONSENT TO THE ENTRY AND FORM OF THIS ORDER AND ACKNOWLEDGE RECEIPT OF COPY:

\_\_\_\_\_  
 PETITIONER'S ATTORNEY

\_\_\_\_\_  
 JUDGE OF COMPENSATION DATE

\_\_\_\_\_  
 PETITIONER (where applicable)

\_\_\_\_\_  
 JUDGE'S NAME

\_\_\_\_\_  
 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.**