| State of New Jersey | ORDER | CASE NO's.: |
| :--- | :---: | :--- |
| Department of Labor and Workforce Development | $\square$ JUDGMENT |  |
| DIVISION OF WORKERS' COMPENSATION | $\square$ APPROVING SETTLEMENT | VICINAGE: |
| WC-100 (r. 8/27/2015) | $\square$ A |  |


VS

|  | NAME: |
| :---: | :---: |
| Z | ADDRESS: |
|  | NAME: |
|  | ADDRESS: |
|  | TELEPHONE NUMBER (AREA CODE): |
|  | APPEARING: |

ADMINISTRATIVE DISMISSALS
(List Other Insurance Carriers to be dismissed from case, without prejudice):

Weekly Wages : \$ Rate(s): \$ / \$

## IF RE-OPENED PETITION, INDICATE FOR LAST AWARD:

Date: $\qquad$ Award: $\qquad$ Permanent Paid: \$ Temporary Paid: \$ THIS MATTER HAVING COME BEFORE THE COURT ON THIS $\qquad$ DAY OF $\qquad$ , $\qquad$

## $\square$ ORDER FOR JUDGMENT

It appearing that the Petitioner suffered a compensable injury on the above mentioned date while in the employ of respondent; It is Ordered and Adjudged that Petitioner be awarded compensation benefits, payable as indicated on Page 2.
$\square$ ORDER APPROVING SETTLEMENT
The parties having settled the matter and a finding by the Court having been made that the terms of the settlement are fair and just; It is Ordered that this settlement be approved and the petitioner be paid as indicated on page 2.

## PERMANENT DISABILITY (Describe Percentages below followed by the Nature and Extent of Injury and Members involved):

\% of

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DISABILITY AWARDED:
TEMPORARY: $\qquad$ weeks at \$ $\qquad$ = \$ $\qquad$ less \$ $\qquad$ paid = Balance due $\$$ \$

PERMANENT: $\qquad$ weeks at \$ $\qquad$ = \$ $\qquad$ less \$ $\qquad$ paid = Balance due $\qquad$

Credits: $\square$ Bonafide Voluntary Tender
$\square$ Non Bonafide Voluntary TenderReopener Credit N.J.S.A. 34:15-40 $\square$

MEDICAL BILLS (Doctors and/or Institutions) AND/OR MISCELLANEOUS INFORMATION:


The Court finds the parties adequately considered Medicare interest, be that as it may, should a Medicare issue arise, this Court retains jurisdiction.

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

## PETITIONER'S ATTORNEY

[^0]| State of New Jersey <br> Department of Labor and Workforce Development <br> DIVISION OF WORKERS' COMPENSATION <br> WC-168 r. 8/27/2015 | CASE EXHIBIT LISTING <br> FOR: $\square$ PETITIONER $\square$ RESPONDENT | CASE NO'S.: |
| :--- | :--- | :--- |

## Judge:

Petitioner:
Petitioner Attorney:

Respondent:
Respondent Attorney:

| Hearing Date | No. | ID | Ev. | Description |  | Retained | Court | Atty. |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |
| Reporter |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  | $\square$ |


[^0]:    PETITIONER (where applicable)

