

NEW JERSEY DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT  
DIVISION OF WORKERS' COMPENSATION

**PRE-TRIAL MEMORANDUM**

Vicinage \_\_\_\_\_

Date \_\_\_\_\_

PETITIONER \_\_\_\_\_ RESPONDENT \_\_\_\_\_

CARRIER \_\_\_\_\_ CLAIM PETITION NUMBER \_\_\_\_\_

**STIPULATIONS: (FILL IN)**

Date of Accident \_\_\_\_\_ Wages \_\_\_\_\_ Rate \_\_\_\_\_

**Compensation Paid:**

Temporary Disability from \_\_\_\_\_ to \_\_\_\_\_ Rate \_\_\_\_\_

Permanent Disability percentage \_\_\_\_\_ Member \_\_\_\_\_ Rate \_\_\_\_\_

Is Petitioner receiving Medicare Benefits?  Yes  No      Is Petitioner Medicare Eligible?  Yes  No

**CHECK IF AT ISSUE:**

- Employment     Wages     Rate     Accident     Notice     Exposure     Knowledge     Causal Relationship
- Injuries     Arise out of Employment     In course of Employment     Temporary     Nature and extent of Permanent Injury

**OTHER ISSUES:**

Medical Bills Outstanding \_\_\_\_\_

T.D.B. Paid \_\_\_\_\_ Liens \_\_\_\_\_

**FURTHER STIPULATIONS:** \_\_\_\_\_

Videos or other electronic media to be introduced at trial: (list witnesses under "OTHER WITNESSES" below) \_\_\_\_\_

**WITNESSES:**

	NAME	DATE OF EXAMINATION	EST	TESTIMONY REQUIRED
PET. <input type="checkbox"/> RESP. <input type="checkbox"/>	_____	_____	_____	_____
PET. <input type="checkbox"/> RESP. <input type="checkbox"/>	_____	_____	_____	_____
PET. <input type="checkbox"/> RESP. <input type="checkbox"/>	_____	_____	_____	_____
PET. <input type="checkbox"/> RESP. <input type="checkbox"/>	_____	_____	_____	_____
PET. <input type="checkbox"/> RESP. <input type="checkbox"/>	_____	_____	_____	_____
PET. <input type="checkbox"/> RESP. <input type="checkbox"/>	_____	_____	_____	_____

Trial time of petitioner \_\_\_\_\_ Trial time of respondent \_\_\_\_\_

\_\_\_\_\_  
Attorney for Petitioner

\_\_\_\_\_  
Attorney for Respondent

\_\_\_\_\_  
Judge of Compensation

\_\_\_\_\_  
Recommendation