PETITIONER/ APPLICANT	Division of Workers' Compensation WC-47 (r. 01/01/17) SOCIAL SECURITY NUMBER: NAME: ADDRESS:			F DISMISSAL ijury Fund - Case No.: Vicinage: Vicinage: MAME: ADDRESS: ADDRESS: TELEPHONE NUMBER(AREA CODE):		
RESPONDENT	DATE OF BIRTH: VS NAME: ADDRESS:			APPEARING F	NUMBER(AREA CODE): Ext: OR PETITIONER:	
Deputy Attorney General Appearing For Second Injury Fund: Deputy Attorney General Appearing For Second Injury Fund: At the conclusion of the hearing of this Second Injury Fund Application, I found that: Petitioner is totally disabled as a consequence of the last compensable injury. Petitioner is not totally and permanently disabled. Petitioner has accepted a settlement under the provisions of N.J.S.A. 34:15-20 Petitioner has failed to prosecute this case. The injuries alleged in this claim petition are not material to the Second Injury Fund Application. Other:						
My findings and conclusions are more fully set forth in my oral opinion and it is ORDERED that this Second Injury fund Application be dismissed with / without prejudice with respect to this claim petition. WE HEREBY CONSENT TO THE ENTRY AND FORM OF THIS ORDER AND ACKNOWLEDGE RECEIPT OF COPY:						
PET	TITIONER'S ATTORNEY DA	ATE		JUDGE OF (COMPENSATION	DATE
DEF	DEPUTY ATTORNEY GENERAL DATE			PETITIONER		DATE