

COURTS on-line Electronic Filing Instructions

(1) Application for Review/Modification of Formal Award (Re-Openers) (2) Amended Re-Opener

Revision date 3/11/2014

Thank you for your interest in the COURTS on-line Electronic Filing program. This document will outline the step-by-step procedures for e-filing an **Application for Review and/or Modification of Formal Award (ARM).** All users are encouraged to review these procedures (in conjunction with the basic E-Filing procedures document) prior to e-filing a Re-Opener document.

If at any time during the filing process you need assistance, please feel free to contact us at (609) 777-4921 or (609) 292-2556 or you can e-mail us at courts@dol.state.nj.us.

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(1) Electronic Filing of Re-Openers

Prerequisites for e-Filing:

- The case being reopened must have been closed with one of the following orders: (Judgment, Order Approving Settlement, Order for Total Disability, Order for Total Disability with SIF and Order for Total Disability with SS).
- The filing attorney must have the case # and the petitioner's SSN in order to file.
- Filing attorney need not be the current active petitioner attorney

Restrictions for e-filing:

- If the case is currently in Open or Reopened status, you cannot e-file a Re-Opener unless you are the active attorney on the case.
- The filing attorney cannot file a Re-opener on an MCP, DCP or Informal cases.
- Respondent attorneys wishing to file a re-opener cannot e-file the re-opener. They must do it via US mail.
- You cannot file on a case that has been discontinued
- The filing attorney cannot be listed as the active respondent attorney on the case

STEP BY STEP PROCEDURES:

Please note the data used in this tutorial is fictitional

- 1. Open up the ReOpener wizard from the top menu under E-Filings. Select Re-Opener
- 2. Enter in Year, Case Number and the Petitioner's SSN (or assigned IDN). Hit Search.

Hello, TIM MINDEK KUNZ & GERMICK		Logout
Today is CW1 2 CD1 2	E-Filing Inquiries Reports	
	Reopener Information	
Home	Reopeners can be e-filed by Petitioners/Petitioner's Attorneys only. All others should file manually.	
Inbox	* Year: 2012 * Case #: 7822 * SSN: 900 - 01 - 2645	Search Clear
Case Search		
Hearing List Search		
Help Center		

- 3. If the CP # /SSN combination is valid and the case is eligible to be re-opened, a Respondent drop-down will appear, listing all active Respondents on the case.
 - Select the Respondent that will appear on this Re-Opener from the dropdown.
 - a. If there is only one active respondent, it will default to that respondent but you may change it. (**Note**: for multi-respondent cases, only the selected respondent and their carriers will receive notice of the filing from the Division)
 - b. If the case has no active Respondent parties (which may occur on very old cases), all the inactive Respondents will appear in the drop-down. You can select one.
 - c. If the Respondent Name(s) listed in the drop-down is **entirely** different from the respondent name that you have in your records (and not just a typo), **Cancel** the entry of this Re-Opener document. Contact the Division technical support (609) 777-4921, <u>courts@dol.state.nj.us</u> and await further instructions. You may have to file this Re-opener manually.

- Once the Respondent has been selected, hit Continue and go to Step 4.
 - Note: If you are an attorney that was <u>not</u> the last active petitioner attorney on the case, you will also be asked to provide the petitioner's first and last name. The name must match the data that is in our system for that case. If the petitioner's name has changed since the original case, you will need to enter the old name.
 - If the name that you enter does not match what we have in our system, you can still continue, but the template will not be pre-filled with any petitioner data (i.e. name, address, date of birth, etc.). Hit Continue and go to Step 4.

Hello, TIM MINDEK KUNZ & GERMICK	-	COU	RTS on	line		Logout
Today is CW: 2 CD: 4	E-Filing	Inquiries	Reports			
	Reopener 1	nformation				
Home	Reopeners c	an be e-filed by I	Petitioners/Petitioner's	Attorneys only. All others should lile manually.		
Inbox	Year: 2012		Case #: 7822	SSN: 900-01-2645		
Case Search	* Respondent					
Hearing List Search	ABC EMPLOYE				Continue	Cancel
Help Center	9					10

- 4. After hitting **Continue**, an interim page <u>may</u> appear, displaying two sections:
 - **Reopeners/Amended Reopeners filed** This section will appear if a Re-Opener or an Amended Re-Opener has already been filed on this case. You can review this information and then decide to Cancel or Continue with your filing.
 - Existing Draft Documents This section will appear if you or another person in your firm has already started data entering a Re-Opener document on this case, but has not yet had the chance to submit it. Having this will help prevent creating multiple instances of the same filing. If you wish to pick up where you last left off, click on the hyper-linked draft Doc #. That will take you right into the last saved document template. If you want to continue with filing a brand new document, hit the Create New button.
- 5. **RE-OPENER TEMPLATE:** A Re-Opener Claim data entry template will appear on the next screen in a tab format. The first tab is **Party Info**, followed by the **Print and Submit** tab.

The Party Info tab has 4 sections displayed:

- Petitioner (and a button to launch another tab which displays filing party information i.e. Guardian)

- Attorney for Petitioner

- Employer (this may also list corporate officers, if there are any)
- Carriers

: 4 E-Filing	Inquiries Reports	
Reopener		Required field ="
Party Info	int and Submit	
SMITH VS. ABC	MPLOYER	Case #: 2012-3
	Petitioner	Attorney For Petitioner
* SNi: * First Name: * Last Name: * Address Lin Address Lin * City: * State: * Zip Code: * Country: * Date of Birtl	I main succet trenton NEW JERSEY 08601 UNITED STATES	Tax Id: KUNZ & GERMICK * Company Name: KUNZ & GERMICK * Address Line1: 55 RITTENHOUSE PLACE * City: ARDMORE * State: PENNSYLVANIA * Zip Code: 19003 - * Telephone No: 215 - * Telephone No: Fax: * Tax: 215 -
	vs	
	Employer	Carrier List
* Name: * Address Line	JI KAREN COOKI	The following carriers/self-insurers will be included in this filling. Name From Date To Date Inactive Prima
Address Line		THE HARTFORD INS
* City:	JACKSON	
* State:	NEW JERSEY	
* Zip Code:	08527	Add Carri
* Country:	UNITED STATES	

<u>Party Info tab - Petitioner</u>:

	Petitioner
* SSN:	900 - 01 - 2645
* First Name:	ЛОНИ
* Last Name:	SMITH
Please use	actual street and town of residence
* Address Line1:	1 MAIN STREET
Address Line2:	
* City:	TRENTON
* State:	NEW JERSEY
* Zip Code:	08601
* Country:	UNITED STATES
* Date of Birth:	01/01/1978 2 Gender: Male
	Add Filing Party

- a. You may choose to update any of the petitioner information, <u>except for the SSN</u>. If your client's SSN has changed since the original filing, you should file a **Motion to Amend** with the court to officially change the data in our system.
- b. If the Re-opener is being filed by another party other than the injured worker (i.e. Guardian, etc..), hit the button called Add
 Filing Party. This will open up the Filing Party tab.
 - o Enter in new data or update existing data.
 - o If you wish to remove the existing party, hit the Remove Filing Party button. This will take you back to the Party Info tab.
 - Hit Save & Continue when completed to save your changes. This also will take you back to the Party Info tab.

Filing Party	Party Info	Print and Submit	
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MITH VS. ABC EMPL	.OYER			Case #: 2012-	7822, Draft #: 12142
* Name:	Please j	provide inforn	nation on the party filing th	is claim	
* Address Line1: * City:			Address Line2: * State:	NEW JERSEY	
* Zip Code : * Relationship To	Select •	<u></u>	* Country:	UNITED STATES	
Petitioner:	,				
			Clear Cancel R	emove Filing Party	Save and Continue

Party Info tab - Attorney for Petitioner:

	Attorney F	or Petition	er
Tax Id:			-
* Company Name:	KUNZ & GER	MICK	_
* Address Line1:	55 RITTENHO	USE PLACE	0
Address Line2:			
* City:	ARDMORE		
* State:	PENNSYLVAN	IIA	•
* Zip Code:	19003 -		
	Area Code	Phone	Extension
Telephone No:	215 -	8751400	
	Area Code	Fax Number	
Fax:	215 -	6890559	

a. This section will display your firm's name and registered address with the Division. You have the option of changing the address in this section for purposes of how it will appear on the printed filing. **Note**: This will not change the registered address with the Division. To do that, you must submit the request in writing.

Party Info tab – Employer/Respondent

	Employer
* Name:	ABC EMPLOYER
* Address Line1:	1 KAREN COURT
Address Line2:	
* City:	JACKSON
* State:	NEW JERSEY
* Zip Code:	08527
* Country:	UNITED STATES

- a. Verify the information displayed on the screen
- b. You cannot change the Name of the Respondent but you can update their address.
- c. If active corporate officers exist, they will also be displayed in this section. They cannot be changed or deleted.

Party Info tab - Carrier List

Carrier List						
The following carriers/self-insurers will be included in this filing.						
Name	From Date	To Date	Inactive Primary			
THE HARTFORD INS						
			Add Carrier			
	Clear	Cancel	Save and Continue			

- a. All the current active carriers for the selected Respondent will be displayed in the Carrier List. They cannot be removed from this filing. Verify that the carrier you wish to file against is displayed in the carrier List.
 - Note: You can edit certain data pertaining to the carrier, if needed by clicking on the linked <u>Name</u>. This will allow you to edit the address as it will appear on the form, add/edit the carrier claim number and the dates of coverage if necessary.
- b. If there are no active carriers on this case (which may occur on very old cases), all the Inactive carriers will be displayed (with a check displayed in the checkbox under the **Inactive** section). You can select to activate one of these carriers for this filing by simply "unchecking" the check in the checkbox.
- c. If your Carrier is not listed here, hit the Add Carrier button and search for the new carrier.
- d. The Search Insurance Carrier widget will appear.
 - Once you find the correct carrier from our search database (or enter in a brand new carrier via the <u>Unlisted</u> option <u>if you cannot</u> find the company), hit the <u>Add</u> button to add the carrier to the carrier list and then the <u>Close</u> button to close the search widget. • Note: You cannot add Unknown or Uninsured to the case with the entry of a Re-Opener.

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Carrier Name					322, Draft #: 1214.
Contains 💌 NE	W JERSEY MAN		At	ttorney For Petition	er
		Search Close	Tax Id:		
			* Company Name:	KUNZ & GERMICK	
insurance Carri	er/Administrator		* Address Line1:	55 RITTENHOUSE PL	ACE
IDN:	232		Address Line2:		
Name:	NEW JERSEY MANUFACTURE		* City:	ARDMORE	
* Address Line1:	301 SULLIVAN WAY		* State:	PENNSYI VANIA	
	301 SULLIVAN WAY		* Zip Code:	19003	1
Address Line2:	CN 00128		· ·	Area Code Phone	Extension
* City:	WEST TRENTON		* Telephone No:	215 - 875140	0
State:	NEW JERSEY			Area Code Fax Numb	er
State.	NEW JERSEY		Fax:		0
				215 - 689055	9
[®] Zip Code:	08628			215 - 689055	9
* Zip Code: Carrier Claim Number:	08628			215 - 689055	9
Carrier Claim	08628	0		Carrier List	9
Carrier Claim Number:		O	The following carrie	, ,	
Carrier Claim Number:			filing. Name F	Carrier List	e included in this
Carrier Claim Number:			filing.	Carrier List ers/self-insurers will b	
Carrier Claim Number: From Date :	To Date :		filing. Name F	Carrier List ers/self-insurers will b	e included in this Inactive Primary
Carrier Claim Number: From Date : Search Results	To Date :	Add	filing. Name F	Carrier List ers/self-insurers will b	e included in this Inactive Primary
Carrier Claim Number: From Date :	To Date :	Add	filing. Name F	Carrier List ers/self-insurers will b	e included in this Inactive Primary

e. If you Added a carrier in error, you can remove it by simply checking off the checkbox that appears under the **Inactive** section. See the following:



f. Indicate the Primary carrier for this filing by placing a check in the check box under the Primary heading (this is the carrier that will be listed in the main page of the printed document). Any additional carriers listed here will appear in a separate supplemental page on the filing.

Carrier List The following carriers/self-insurers will be included in this						
filing.						
Name	From Date	To Date	Inactive Primary			
THE HARTFORD INS						
NEW JERSEY MANUFACTURERS INS						
			Add Carrier			
	Clear	Cancel	Save and Continue			

- g. Verify all the information on all 4 sections of the Party tab and then proceed to the next tab by hitting the Save & Continue at the bottom of the page. The document will be saved and made available in your Drafts folder, if you wish to stop the entry of the document and return to it later at some point.
- h. After you Save & Continue, you will be taken to the last tab called Print & Submit.

6. PRINT & SUBMIT:

Once you get to this tab, the system will check the data on the prior tabs to see if there are any errors. If there are errors, you will be informed with a warning message on the top of the form, as shown below (Party Info – 1 Error). You can go back to the tab to correct the error at any point prior to submitting the document.

day is GW1 2 GD1 2 E-Filing Inquiries Reports mme mme Party Info=1 Error Required Field =* Party Info Print and Submit	ft #+ 121426
ame Party Info=1 Error Required Field =" see Search Party Info Print and Submit	ft #• 121426
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Party Info Print and Submit	ft #• 121426
Party Info Print and Submit	ft #: 121426
lo Center Case #: 2012-7822, Drail All errors and/or omissions must be corrected prior to printing this document for signature.	
Workers' Compensation: SMITH(Petitioner) pursuant to N.J.S.A. 34:15-27 seeks modification and review of the award entere for the following "reason:	sd on
Characters left: 0501	
Date of Accident or Injury Date of Last Comp.Pd. Employment Status Claim Petitions filed since last awa	ard
This is the # Application for Review or Modification of this award	
Demand is hereby made for all records of medical treatment, examinations and diagnostic studies Are you Medicare eligible or a Medicare beneficiary?	
* Were you eligible for Medicaid benefits at the time of the work injury? No 💌	
* Did you become eligible for Hedicaid benefits after the work injury?	
Prior to submitting this document to the Division, it must be printed and signed.	
You must retain the signed document in your records as required by the Division of Workers' Compensation Rules	s.
Can	

- Enter in the information:
 - a. Date of prior award (required, but if not known, you can enter the text "unknown")
 - b. Reason for Filing (required)
 - c. Dates of Accident, Last Compensation Paid
 - d. Employment Status
 - e. List of CP's filed since last award
 - f. Which number filing this is (eg: "This is the # <u>3</u> Application for Review or Modification of this award")
 - g. Demand for Medical checkbox
 - h. 3 Medicare and Medicaid questions (Required)

List Search	Party Info Print and Submit Case #: 2012-7822, Draft #: 12142
nter	Case #: 2012 7022, Diak #: 12142
	Workers' Compensation: JOHN SMITH(Petitioner) pursuant to N.J.S.A. 34:15-27 seeks modification and review of the award entered on
	* 01/02/2013 for the following *reason:
	Petitioner's injury has worsened. he is in need of additional medical
	Characters left: 3421
	Date of Accident or Injury Date of Last Comp.Pd. Employment Status Claim Petitions filed since last award
	This is the # Application for Review or Modification of this award
	🔽 Demand is hereby made for all records of medical treatment, examinations and diagnostic studies
	* Are you Medicare eligible or a Medicare beneficiary?
	* Were you eligible for Medicaid benefits at the time of the work injury?
	110 -
	* Did you become eligible for Medicaid benefits after the work injury? No 💌
	Prior to submitting this document to the Division, it must be printed and signed.
	You must retain the signed document in your records as required by the Division of Workers' Compensation Rules.
	Cancel View and Print

If you are done with the entry of this form, hit View and Print. The document will appear as a pdf document in a new browser window.

					-		
State of New Jerse Department of Labor and Workfor		APPLICA		REVIEW OR	Case !	2012-3	1822
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Trenton, New Jensey 000	25-0301		WC360		Vicine	ja:	
SOCIAL SECURITY NUMBER				TAX IDENTIFICATION NUMBER			
900-01-2645	SSN I	Not Available			en.		
JOHN SMITH				KUNZ & GERMICK			
S ACOPESS:			- 2 ₅	ADDRESS			
1 MAIN STREET TRENTON, NJ 08601			ATTORNEY FOR PETITIONER	55 RITTENHOUSE PI ARDMORE, PA 1900			
A. DATE OF BRTH	953		- ¥"	TELEPHONE NUMBER:		FAX NUMBER:	
01/01/1978	Male			(215)875-1400	De.	(215)689-05	59
A guardian or other represe See supplemental page for	interve is filing on beh details.	alf of the petitioner.					
	vs		_				
NAME:				NAME: NEW JERSEY MANU			
ABC EMPLOYER			- 8 Å	NEW JERSEY MANU	Not United IN	-	
ADDRESS: 1 KAREN COURT JACKSON, NJ 08527			INSURANCE CARRER/TPA	301 BULLIVAN WAY			
JACKBON, NJ 08527			10 March	CN 00128 WEST TRENTON, NJ	08818		
2			= 5		00020		
			-	CARRER CLAM NUMBER:			
If uninsured, individual corp as respondent(s). See Sup	orate officers, or othe plemental Page for de	rs, are also named tails		X See supplemental p	page for addition	al carriers	
TO THE DIVISION OF WO	RKERS' COMPE	INSATION:		JOHN SMITH			
oursuant to N.J.S.A. 34:15-27	seeks modificatio	n and review of the	atria http://	red on	01/01/2013	for the folio	wing reasons:
Petitioner's injury has worsened. He			amara criss				
	Date of Last		and Employme	a Santar de	Jaim Petitions fied	class last sugget	
As To Date of injuny: Claim Petitioner	Lines of Lines	anp.ve: vn	ant Engloyne	re otaklar	ain rectors teo	ance he swert:	
This is the 1st Application for	Review or Modific	ation of this award					
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STATE OF NEW JERSEY,	COUNTY OF		_				
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					Applicant		
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Workers' Compensation f							
Division are public docur		be inspected a	nd cople	d except where p	rohibited by	Section 34	:15-128 of the
Workers' Compensation Stat	ute.						
The Privary	Act. 5 U.S.C.	6 552a, the Sou	dal Secu	rity Act. 42 U.S.C	C. 6 405. a	nd N.J.S.A	34:15-1 et seg.
authorize the Division of	Workers' Cor	mpensation to re	equest the	at the Petitioner	supply the	Division with	th his or her
Social Security Number						al Security	Administration,
Workforce New Jersey, Tem	porary Disability	insurance and any	other pro	per public purpose.			
					DIVISION O	F WORKERS' O	OMPENSATION
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- Review the form for accuracy and then print it and have your client sign it. Retain this signed document in your files.
- After the document has been printed, the Submit button will appear on the lower right hand side of the data entry template. If you are ready to file this document, hit the Submit button.
- Upon submit, the system will remove the corresponding draft document from the Drafts folder. You will get a confirmation message that
 the filing was successful. If the filing went through but there were some data discrepancies (such as petitioner SSN mismatch with name and
 or date of birth), you will be notified of that on this page. The Technical Support Unit will investigate this data discrepancy.

	Following are the de	tails of the case.
Case Numbe	2012-7822	District Office: TRENTON
Case Title	SMITH VS. ABC EMPLOYER	Judge: UNKNOWN

- The Re-Opener will be assigned as follows:
 - a. If there is currently an active related case (including MCP types), the same District Office, Judge, cycle week, cycle day will be assigned to this re-opener. If the related cases are scheduled, this new case will also automatically be scheduled for a pre-trial hearing on the same day.

- b. If there are no open related cases, the District Office assignment will be recalculated based on the Petitioner's current address. If the new office assignment is the same as the last office assignment, the system will assign the case to the same judge who heard the case last unless that judge has retired or is no longer in that office.
- You can view the "filed" version of this document (with the date stamp of filing) by hitting the View Filed Document button on this screen. You can print and save this document if wish.
- You can also view the document at any time by going into the case through **Case Search**, going to the **Documents** tab and finding the document in the list. A link to the document is provided there as well.

(2) Electronic Filing of Amended Re-Openers

Prerequisites for e-Filing and Amended Re-opener:

- Filing attorney must be the current active petitioner attorney
- The case must be in (R) Re-Opened status

Restrictions for e-filing an Amended Re-Opener:

• If the case is currently in (O) Open or (C) Closed status, you cannot e-file an Amended Re-Opener.

STEP BY STEP PROCEDURES:

The flow for E-filing an Amended Re-Opener are very similar to that of E-Filing a Re-Opener. Please become familiar with the basic procedures.

1. Open up the Amended ReOpener wizard from the top menu under E-Filings. Select Amended Pleading and then Re-Opener



2. Enter in Year, Case Number. Hit Search

Hello, TIM MINDEK KUNZ & GERMICK	COURTS on-line	Logout
Today is CW: 2 CD: 4	E-Filing Inquiries Reports	
	Amended Reopener Information	
Home	Reopeners can be e-filed by Petitioners/Petitioner's Attorneys only. All others should file manually.	
Inbox	* Year: 2012 * Case #: 7822	Search Clear
Case Search		A COLOR COLOR AND A CARD AND A
Hearing List Search	86	
Help Center		

- 3. If the CP # is valid and the case is eligible for an Amended Re-Opener to be filed, a Respondent drop-down will appear, listing all active Respondents on the case.
 - Select the Respondent that will appear on this Amended Re-Opener from the dropdown.
 - If there is only one active respondent, it will default to that respondent but you may change it. (Note: for multi-respondent cases, only the selected respondent and their carriers will receive notice of the filing from the Division)
 - Once the Respondent has been selected, hit Continue.

Hello, TIM MINDEK KUNZ & GERMICK		COUI	RTS on-line 🔍		Logo
foday is CW: 2 CD: 4	E-Filing	Inquiries	Reports		
Home	Amended I	Reopener Inform	nation		
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lase Search	Year: 2012 * Respondent		Case #: 7822		
learing List Search	ABCIEMPLOY			Continue	Cancel
Help Center	Contraction of the second seco				

- 4. After hitting **Continue**, an interim page will appear, displaying two sections:
 - Reopeners/Amended Reopeners filed This section will display the prior Re-Opener and any Amended Re-Openers already filed on this case. You can review this information and then decide to Cancel or Continue with your filing.
 - Existing Draft Documents This section will appear if you or another person in your firm has already started data entering a Re-Opener/Amended Re-Opener document on this case, but has not yet had the chance to submit it. Having this will help prevent creating multiple instances of the same filing. If you wish to pick up where you last left off, click on the hyper-linked draft Doc #. That will take you right into the last saved document template. If you want to continue with filing a brand new document, hit the Create New button.

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	Amended Reopener	Information				
ame						
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	* Respondent					Continue Cancel
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ase Search learing List Search leip Center	* Respondent ABC EMPLOYER * Reopeners/Amende 3 Items found, displaying all Respondent Name	td Reopeners filed Items Januarance Carrier	API		Date Filed	Filed By

5. An Amended Re-Opener Claim data entry template will appear on the next screen in a tab format. The first tab is **Party Info**, followed by the **Print** and **Submit** tab.

The Party Info tab has 4 sections displayed:

- Petitioner (and a button to launch another tab which displays filing party information i.e. Guardian)
- Attorney for Petitioner
- Employer (this may also list corporate officers, if there are any)
- Carriers

Note: The data that will pre-fill the 4 party sections will come from the latest data we have on the case.

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lp Center	SMITH VS ABC EMP	Petitioner		1	Attorney Fo		
	* 55N:	900 - 01 - 2645		Tax Id:			
	* First Name:	JOHN					
	* Last Name:			Company Name:		GERMICK	
		SMITH		* Address Line1:	SS RITT	ENHOUSE PLA	CE 🕢
	* Address Line 1:	actual street and town	n of residence	Address Line2:			_
	Address Line2:	I MAIN STREET	_	* City:	ARDMOR	E	
	* City:		_	* State:	PENNSY	LVANIA	•
	* State:	TRENTON		* Zip Code:	19003		
		NEW JERSEY	•		Area Code	Phone	Extension
	* Zip Code:	08601		* Telephone No:	215	- 8751400	
	* Country:	UNITED STATES			Area Code	Fax Number	
	* Date of Birth:	01/01/1978	Gender: Male 💌	Fax:	215	- 6890559	
		Add Filing Party					
		vs					
		Employer			Carrie	er List	
	* Name:	ABC EMPLOYER		The following carr	iers/self-ins	urers will be	included in this
	* Address Line1:	1 KAREN COURT		filing. Name	From Date	To Date	Inactive Primary
	Address Line2:			NEW JERSEY MANUFACTURERS INS			F
	* City:	JACKSON		THE HARTFORD INS			-
	* State:	NEW JERSEY	•	22			-
	* Zip Code:	08527	_				Add Carrier
	* Country:						
	country.	UNITED STATES					
					Clear	Cancel	Save and Continue
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<u>Party Info tab - Petitioner</u>:

- a. You may choose to update any of the petitioner information, <u>except for the SSN</u>. If your client's SSN has changed since the original filing, you should file a **Motion to Amend** with the court to officially change the data in our system.
- If the Amended Re-opener is being filed by another party other than the petitioner (i.e. Guardian, etc..), hit the button called
 Add Filing Party. This will open up the Filing Party tab.
 - Enter in new data or update the existing data.
 - o If you wish to remove the existing party, hit the Remove Filing Party button. This will take you back to the Party Info tab.
 - Hit Save & Continue when completed to save your changes. This also will take you back to the Party Info tab.

Party Info tab - Attorney for Petitioner:

a. This section will display your firm's name and registered address with the Division. You have the option of changing the address in this section for purposes of how it will appear on the printed filing. **Note**: This will not change the registered address with the Division. To do that, you must submit the request in writing.

Party Info tab – Employer/Respondent

- a. You cannot change the Name of the Respondent but you can update their address.
- b. If active corporate officers exist, they will also be displayed in this section. They cannot be changed or deleted.

Party Info tab - Carrier List

- a. All the current active carriers for the selected Respondent will be displayed in the Carrier List. They cannot be removed from this filing.
- b. You can edit certain data pertaining to an existing carrier, if needed by clicking on the linked <u>Name</u>. This will allow you to edit the address as it will appear on the form, add/edit the carrier claim number and the dates of coverage if necessary.
- c. If you wish to add a carrier to this amended filing, hit the Add Carrier button and search for the new carrier.
 - The Search Insurance Carrier widget will appear.
 - Once you find the correct carrier from our search database (or enter in a brand new carrier via the <u>Unlisted</u> option <u>if</u> <u>you cannot</u> find the company), hit the <u>Add</u> button to add the carrier to the carrier list and then the <u>Close</u> button to close the search widget.
 - Note: You cannot add Unknown or Uninsured to the case with the entry of a Re-Opener.
 - If you Added a carrier in error from the above step, you can remove it by simply checking off the checkbox that appears under the **Inactive** section.
- d. You can indicate or change the Primary carrier for this filing by placing a check in the check box under the Primary heading (this is the carrier that will be listed in the main page of the printed document). Any additional carriers listed here will appear in a separate supplemental page on the filing.
- e. Verify all the information on all 4 sections of the Party tab and then proceed to the next tab by hitting the Save & Continue at the bottom of the page. The document will be saved and made available in your Drafts folder, if you wish to stop the entry of the document and return to it later at some point.
- f. After you Save & Continue, you will be taken to the last tab called Print & Submit.

In this example of filing an Amended Re-Opener, we have changed the petitioner's address

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y is CW1 2 CD1 4	E-Filing	Inquiries	Reports					
	Amended	Reopener						
							f Field =*	
						Requires	I Field =	
Search	Party Info	Print and Submit						
ing List Search Center	SMITH VS ABC	EMPLOYER						Case #: 2012-78
Center		Petiti	oner			Attorney Fo	or Petitione	r
	* SSN:	900 - 01 - 264	5		Tax Id:			
	* First Name:	JOHN			* Company Name:	KUNZ &	GERMICK	_
	* Last Name:	SMITH	\sim		* Address Line1:	55 RITT	ENHOUSE PLA	CE 🕢
	Please * Address Lin		and town of resider	nce	Address Line2:			_
	Address Line	IT MAPLE AV	ENUE		- City:	ARDMOR	E	
		PAP1.10			* State:	PENNSY		-
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		NEW JERSE	Y •			Area Code	Phone	Extension
	* Zip Code:	08807 -			* Telephone No:	215	. 8751400	
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	* Date of Birt	" 01/01/1978	Gender:	Male 💌	rax.	215	- 6890559	
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	* Name:	ABC EMPLO	YER		The following car	riers/self-ins	urers will be	included in this
	* Address Line	1: 1 KAREN CO	JURT		filing. Name	From Date	To Date	Inactive Primary
	Address Line	2:		ſ	NEW JERSEY			च
	* City:	JACKSON	[MANUFACTURERS INS THE HARTFORD INS			_
	* State:	NEW JERSE	Y •		<u>co</u>			
	* Zip Code:	08527 -						Add Carrier
	* Country:	UNITED STA	TES					
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6. PRINT & SUBMIT:

• Once you get to this tab, the system will check the data on the prior tabs to see if there are any errors.

- If there are errors, you will be informed with a warning message on the top of the form. You can go back to the tab to correct the error at any point prior to submitting the document.
- The data in the Print & Submit tab will be pre-filled (if the last Re-Opener or Amended Re-Opener was done electronically). It will be blank if the last filing was done manually.
- Enter the following information (or update if the data is pre-filled from your last efiling):
 - a. Date of prior award (required, but if not known, you can enter the text "unknown")
 - b. Reason for Filing (required)
 - c. Dates of Accident, Last Compensation Paid
 - d. Employment Status
 - e. List of CP's filed since last award
 - f. Which number filing this is (eg: "This is the # <u>3</u> Application for Review or Modification of this award")
 - g. Demand for Medical checkbox
 - h. 3 Medicare and Medicaid questions (Required)
 - i. **Summary of changes (Required):** In this section, please describe what information was changed with the filing of this Amended Re-Opener. (Example: "Updated the petitioner's address and also corrected the Medicare question from NO to YES."). See the following example:

INDEK & GERMICK		Logo
y is CW1 2 CD1 4	E-Filing Inquiries Reports	
	Amended Reopener	
10		
	Required Field ="	
a Search	Party Info Print and Submit	
ring List Search	SMITH VS ABC EMPLOYER Case #: 2012-7822, Draft #:	121431
Center	Workers' Compensation: JOHN SHITH(Petitioner) pursuant to N.J.S.A. 34:15-27 seeks modification and review of the award entere -[01/01/2013 for the following "reason:	ed on
	Petitioner's injury has worsened. He is in need of additional medical A treatment.	
	Characters left: 3421	
	Date of Accident or Injury Date of Last Comp.Pd. Employment Status Claim Petitions filed since last award	
	This is the # 1 Application for Review or Modification of this award	
	🔽 Demand is hereby made for all records of medical treatment, examinations and diagnostic studies	
	* Are you Medicare eligible or a Medicare beneficiary?	
	* Were you eligible for Medicaid benefits at the time of the work injury?	
	* Did you become eligible for Medicaid benefits after the work injury?	
	List the fields that were amended through this pleading. * Summary of changes	
	UPDATED THE PETITIONER'S ADDRESS AND ALSO CORRECTED THE MEDICARE QUESTION	
	Characters left: 211	
	Prior to submitting this document to the Division, it must be printed and signed.	
	You must retain the signed document in your records as required by the Division of Workers' Compensation Rules.	
	Cancel View and Print	

• If you are done with the entry of this form, hit View and Print. The document will appear as a pdf document in a new browser window.

						_				
	Department of I Division	State of New Jensey abor and Workbroe Deve of Workans' Compensatio PO Box 381 , New Jensey 08525-0381	•		CATIO		D REVIEW OR ORMAL AWARD	Case		7822
-	SOCIAL SECURITY	NUMBER					TAX IDENTIFICATION NUMB	ier.		
	900-01-2645 JOHN SMITH		SSN is	Not Available	-		NAME: KUNZ & GERMICK			
ONER	coress:				_	ATTORNEY FOR PETITIONER	ADDRESS: 55 RITTENHOUSE F	H ACE		
РЕТШО	APT.1B BRIDGEWATER, NJ 08807						ARDMORE, PA 1900			
	01/01/1978		EX: Male				TELEPHONE NUMBER: (215)875-1400	Ex.	FAX NUMBER: (215) 689-05	559
L	See supple	or other representative emental page for details VS	is filing on beh	will of the petitioner.						
b a	ABC EMPLOY					n d	NAME: NEW JERSEY MANU	IFACTURERS IN	18	
ISPONDEN.	1 KAREN CO JACKSON, N					NSURMOR ARRENT PA	ADDRESS: 301 BULLIVAN WAY CN 00128			
R						N S	WEST TRENTON, N CARRIER CLAM NUMBER			
		d, individual corporate d fent(s). See Supplemen					X See supplemental	page for addition	al carriers	
то	THE DIVISI	ON OF WORKER	RS' COMPE	INSATION:			JOHN SMITH			
_		A. 34:15-27 seeks s worsened. He is in ne			the aw	ard ente	red on	01/01/2013	, for the folio	wing reasons:
	As To aim Petitioner	Date of injury:	Date of Last C		Present	t Employme	nt Statue:	Claim Petitions fied	since last award:	
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DIV	rkers' Corr Islon are p	pensation for re	cord keeplr	ng, record acc	ess/d	Istributio	ing of this claim in, and case sche I except where p	duling purpo	oses. Petition	is filed with the
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		F			J		12	DIVISION O	<u>بر</u> ا	Page 1 of 2

- Review the form for accuracy and then print it and have your client sign it. Retain this signed document in your files.
- After the document has been printed, the Submit button will appear on the lower right hand side of the data entry template. If you are ready to file this document, hit the Submit button.
- Upon submit, the system will remove the corresponding draft document from the **Drafts folder**. You will get a confirmation message that the filing was successful.

Hello, TIM MINDEK KUNZ & GERMICK		COUF	RTS on-li	ne		Logout
Today is CWI 2 CDI 4	E-Filing	Inquiries	Reports			
	Amended	Reopener				
Home			Decision and every	ssfully submitted to DWC.		
Inbox	The Div	icion will convo rocnon		ed in this document. Any other par	tion must be conved direct	ly by
Case Search	The Div	ision will serve respon	sent or carner(s) identified	you.	ues must be served unect	y 0y
Hearing List Search			Following are	the details of the case.		
Help Center		Case Number:	2012-7822	District Office:	TRENTON	
		Case Title:	SMITH VS ABC EMPLOYER	Judge:	UNKNOWN	
				File Ar	View Filed Doc	ument

- You can view the "filed" version of this document (with the date stamp of filing) by hitting the View Filed Document button on this screen. You can print and save this document if wish. You can also view the document at any time by going into the case through Case Search, going to the Documents tab and finding the document in the list. A link to the document is provided there as well.
- The following is the <u>filed</u> Amended Re-Opener. The changes submitted with the Amended filing will be highlighted in <u>yellow</u> if the previously filed Re-opener or Amended Re-Opener was e-filed.

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SOCIAL SEC 900-01-	IRITY NUMBER:					This document was elect	ronically filed on	01/16/2014		=
NAME:				-		TAX IDENTIFICATION NUMBER	R			
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APT.1B	AVENUE				NEY FO	KUNZ & GERMICK ADDRESS:				-
DATE OF BIS		IEX: Male		_	ATTORNEY FOR PETITIONER	55 RITTENHOUSE PLA ARDMORE, PA 19003	ACE			
01/01/19/ A gue See s	8 dian or other representative pplemental page for details	is filing on beh	alf of the petitioner.	_		TELEPHONE NUMBER: (215)875-1400	Ext	FAX NUMBER: (215) 68	0.0550	
taxe.	vs					(215)075-1460		(215)00		
ABC EN	PLOYER				4	NEW JERSEY MANUFA	CTURERS INS			
JACKS	N COURT DN, NJ 08527				CARINER/TP/	ADDRESS: 301 SULLIVAN WAY CN 00128 WEST TRENTON, NJ 0 CARRIER CLAM NUMBER:	8628			-
	sured, individual corporate spondent(s). See Supplement					X See supplemental p	age for addition	al carriers		
O THE DI	ISION OF WORKER	S' COMPE	NSATION.			JOHN	SMITH			
	J.S.A. 34:15-27 seeks			he awa	ard ente	red on	01/01/2013	for the follow	ing reaso	ns:
Petitioner's inju	ry has worsened. He is in ne	red of additional	medical treatment.							
As To Claim Petition	Date of injury:	Date of Last 0	Comp. Pd:	Present	Employm	ent Statua:	Claim Petitions file	i since last award:		
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