| State of New Jersey<br>Department of Labor and Workforce Development<br>DIVISION OF WORKERS' COMPENSATION<br><br>WC-101i PDF (r-3-07) | **NOTICE OF MOTION FOR TEMPORARY AND/OR MEDICAL BENEFITS (N.J.A.C. 12:235-3.2)** | CASE NO'S.:<br><br>VICINAGE: |
|---|---|---|

**PETITIONER**

| SOCIAL SECURITY NUMBER: | DOB: |
|---|---|
| NAME: | |
| ADDRESS: | |

**ATTORNEY FOR PETITIONER**

| ☐ SSN ☐ FEDERAL EMPLOYER NUMBER ☐ NJ REG NUMBER |
|---|
| NAME: |
| ADDRESS: |
| TELEPHONE NUMBER (AREA CODE): |

**vs**

**RESPONDENT**

| NAME: |
|---|
| ADDRESS: |

**INSURANCE CARRIER**

| NAME ☐ SELF-INSURED ☐ NOT-COVERED |
|---|
| CLAIM NUMBER: |
| ADDRESS: |

**TO:** ______________________________________________
(Respondent's Attorney)

______________________________________________
(Address)

**This Motion is supported by affidavit(s) and/or certification(s) made in the personal knowledge of the:**

☐ **Petitioner and/or** ☐ **Petitioner's Attorney**

**Petitioner alleges that:**

**A. Temporary Disability Benefits**

☐ Petitioner is currently totally temporarily disabled and entitled to temporary disability benefits from __________________ and continuing at the rate of $ _____________ per week. Respondent provided benefits from __________________ through ___________________ at the rate of $ _____________ per week.

**B. Medicals**

☐ **As set forth in the attached medical report(s)* of** ______________________________

**Petitioner is currently in need of:**

- ☐ **Medical treatment** ______________________________
- ☐ **Diagnostic studies** ______________________________ **; and/or**
- ☐ **Referral to a specialist(s)** ______________________________

* Medical report(s) must state the medical diagnosis. If the petitioner, having received treatment, cannot secure a report of the medical provider authorized by the respondent, this may be set forth in the affidavit in lieu of the physician's report.

| State of New Jersey<br>Department of Labor and Workforce Development<br>DIVISION OF WORKERS' COMPENSATION<br><br>WC-101i PDF (r-3-07) | **NOTICE OF MOTION FOR TEMPORARY AND/OR MEDICAL BENEFITS (N.J.A.C. 12:235-3.2) page 2** | CASE NO'S.:<br><br>VICINAGE: |
|---|---|---|

**C. Other Information Attached or Enclosed if available** **(see attached)** ☐

**Itemized bill (s) and report(s) of treating physician(s) and/or institutions for which services petitioner is seeking payment (list here or attach).**

**D. Other Evidence in Support of Motion** **(see attached)** ☐

**(list here or attach)**

Dated: ____________________ ______________________________________

*Attorney for Petitioner*