

(DO NOT FILL IN)

State of New Jersey
Department of Labor
DIVISION OF WORKERS' COMPENSATION
P.O. Box 381
Trenton, New Jersey 08625-0381

EMPLOYEE'S CLAIM PETITION

CASE NO. _____
D.O. _____

PETITIONER

SSN
NAME
ADDRESS (Including County)

VS

RESPONDENT

NAME
ADDRESS (Including County)
<input type="checkbox"/> NEW JERSEY REGISTRATION NO. or <input type="checkbox"/> FEDERAL EMPLOYER IDENTIFICATION NO.

ATTORNEY FOR PETITIONER

<input type="checkbox"/> NEW JERSEY REGISTRATION NO.
<input type="checkbox"/> SSN
<input type="checkbox"/> FEDERAL EMPLOYER IDENTIFICATION NO.
NAME
ADDRESS
TELEPHONE (Area code)

INSURANCE CARRIER

NAME (Indicate if Not Covered <input type="checkbox"/> or Self-Insured <input type="checkbox"/>)
NJ REG. or FEIN
ADDRESS
CARRIER'S CLAIM FILE NO.

TO THE DIVISION OF WORKERS' COMPENSATION:

Petitioner, alleging that Petitioner sustained an injury by an accident arising out of and in the course of Petitioner's employment with Respondent, compensable under R.S. 34:15-7 et seq., supplements and amendments, respectfully states:

Date of Accident or Date of Occupational Exposure		Where	
How Injury Occurred			
Occupation		Date Stopped Work	Date Returned to Work
Sex	Date of Birth	Marital Status	Date Injury Reported To Employer and To Whom
Gross Weekly Wages \$	Rate of Compensation \$	Temporary Disability Paid \$	Permanent Disability Paid \$

DESCRIBE EXTENT AND CHARACTER OF INJURY: If there has been amputation or loss of usefulness of any member or impairment of any physical function, explain fully _____

Petitioner (DID) (DID NOT) seek compensation at any informal hearing. A true copy of Petitioner's treating physician's report is attached hereto. <input type="checkbox"/> Yes <input type="checkbox"/> No Medical aid (WAS) (WAS NOT) furnished by Petitioner's employer. Give names and addresses of physicians and hospitals:	
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WERE YOU ELIGIBLE FOR MEDICAID BENEFITS AT THE TIME OF THE ACCIDENT? Yes No

DID YOU BECOME ELIGIBLE FOR MEDICAID BENEFITS AFTER THE ACCIDENT? Yes No

YOU ARE ADVISED THAT MEDICAID PAYMENTS RELATED TO THE ACCIDENT ARE TO BE REPAID IN ACCORDANCE WITH N.J.S.A. 30:4D-1, et seq.