WC-365 (7-05)
State of New Jersey
Department of Labor and Workforce Development
Division of Workers' Compensation
PO Box 381
Trenton, New Jersey 08625-0381

EMPLOYEE CLAIM PETITION

Case No.: _____

Vicinage: _____
(For office use only)

PETITIONER

SOCIAL SECURITY NUMBER: ☐ SSN Not Available

NAME:

ADDRESS:

CITY: | STATE | ZIP | COUNTY

DATE OF BIRTH: | SEX:

PETITIONER ATTY

☐ SSN ☐ FEDERAL EMPLOYER NUMBER

NAME:

ADDRESS:

CITY: | STATE: | ZIP

TELEPHONE NUMBER:

VS

RESPONDENT

NAME:

ADDRESS:

CITY: | STATE: | ZIP:

IF RESPONDENT KNOWN BY DIFFERENT NAME, PLEASE INDICATE BELOW:

INSURANCE CARRIER

NAME Indicate if ☐ Self- Insured or ☐ Uninsured

ADDRESS:

CITY: | STATE: | ZIP:

CARRIER CLAIM FILE NUMBER:

☐ **Additional Carriers listed on Supplemental Page**

TO THE DIVISION OF WORKERS' COMPENSATION:

Petitioner, alleging that Petitioner sustained a work injury 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 Injury:	Occupational Disease: ☐ YES ☐ NO	If Occupational Disease Give Periods of Exposure:
Where Injury Occurred:		How Injury Occurred:

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

Date Stopped Work	Date Returned to Work	Date Injury Reported And To Whom	Occupation and Type of Work

Gross Wages	Wage Period	Rate of Temp Compensation	Temporary Disability Paid	Rate of Perm Compensation	Permanent Disability Paid
$		$	$	$	$

Employer Furnished Medical Aid ☐ YES ☐ NO

Give names and addresses of physicians and hospitals:

☐ **See Attached For Additional Physicians**

☐ Demand is hereby made for answers to standard occupational disease interrogatories.

☐ Demand is hereby made for all records of medical treatment, examinations and diagnostic studies.

What other facts are there that you believe important:

ARE YOU MEDICARE ELIGIBLE OR A MEDICARE BENEFICIARY? ☐ YES ☐ NO

YOU ARE ADVISED THAT MEDICARE PAYMENTS RELATED TO THE WORK INJURY ARE TO BE REPAID IN ACCORDANCE WITH 42 U.S.C.A. § 1395y AND 42 C.F.R. § 411, ET SEQ., AND THAT PROPOSED SETTLEMENTS FORECLOSING FUTURE MEDICAL BENEFITS RELATED TO THE WORK INJURY SHOULD ALSO COMPLY WITH THESE FEDERAL STATUTES AND REGULATIONS.

WERE YOU ELIGIBLE FOR MEDICAID BENEFITS AT THE TIME OF THE WORK INJURY? ☐ YES ☐ NO

DID YOU BECOME ELIGIBLE FOR MEDICAID BENEFITS AFTER THE WORK INJURY? ☐ YES ☐ NO

YOU ARE ADVISED THAT MEDICAID PAYMENTS RELATED TO THE WORK INJURY ARE TO BE REPAID IN ACCORDANCE WITH N.J.S.A. 30:4D-1, ET SEQ.

In occupational disease claims, list claims against other employers filed or to be filed for the same or similar occupational diseases:

Name and Address of Employer	Dates of Employment

Petitioner therefore requests that the Division of Workers' Compensation determine the amount of compensation due Petitioner from said Respondent, under Revised Statutes of New Jersey, Title 34, Chapter 15, and the Acts supplemental thereto and amendatory thereof, and that Petitioner may be awarded Petitioner's costs in this proceeding, and such other relief or further as may be proper.

_____

Petitioner

STATE OF NEW JERSEY
COUNTY OF

Subscribed and sworn or affirmed
to before me this day of
, 20

_____

This Claim Petition has been presented by the Petitioner to the Division of Workers' Compensation for hearing and determination. Unless and Answer is filed within 30 days of the date of service of the Claim Petition upon you, with the assignment clerk at the vicinage to which the claim is assigned as indicated on the reverse side, and a copy served upon the Petitioner's attorney, THE PETITIONER WILL PROCEED WITH PROOF OF CLAIM ACCORDING TO LAW AND MAY OBTAIN JUDGMENT AGAINST YOU.

The Privacy Act, 5 U.S.C. §552a, the Social Security Act, 42 U.S.C. § 405, and N.J.S.A. 34:15-1 et seq. authorize the Division of Workers' Compensation to request that the Petitioner supply the Division with his or her Social Security Number for record keeping purposes and cross-matches with the Social Security Administration, Workforce New Jersey, Temporary Disability Insurance and any other proper public purpose.

DIVISION OF WORKERS' COMPENSATION