



State of New Jersey

DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
PO BOX 381
TRENTON, NEW JERSEY 08625-0381

HAROLD J WIRTHS
Commissioner


CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

MEMORANDUM

August 4, 2014

To: All Judges and Attorneys

From: Peter J. Calderone, Director and Chief Judge 

Subject: Revised Adjournment and Ready Hold Form

Recently we posted an Adjournment and Ready Hold Form for mandatory use in Elizabeth as a pilot program to assess the form's effectiveness and the form was also available for use in other vicinages. We received a large volume of thoughtful comments and suggestions from judges, court support staff, attorneys and attorney office staff. A revised interactive form that incorporates these comments and suggestions is attached and available on the Division's website. Please note that there are drop down boxes for inputting the District Office (the Office fax number is included for easy reference) and for the Judge to whom the request is being made. Additionally, attorney offices can save the document on their computers and create a permanent template with the firm or attorney name, telephone number and fax number.

The Elizabeth judges have advised that the pilot program has been a success with general use of the form expediting their review of adjournment and ready hold requests and the Elizabeth support staff have informed that the form is a valuable tool for their list preparation duties. Statewide judges and attorneys and their staff have advised that the form is beneficial, cost effective and fosters collegiality by ensuring that all parties are properly and timely noticed on adjournment and ready hold requests. Additionally, there is now an easy process to communicate any denial of an adjournment or ready hold request.

At last week's Supervising Judges meeting it was agreed that the form as revised should be a mandatory requirement in all vicinages. While the mandatory use of the form will continue in Elizabeth, the mandatory requirement for other vicinages will not be in effect until September 15, 2014. Attorneys are requested to begin using the form statewide as soon as possible to facilitate this transition to the mandatory form and its use.

We appreciate the input and assistance of judges and attorneys in this project which will provide long term benefits to the workers' compensation program.

New Jersey Is An Equal Opportunity Employer



**DIVISION OF WORKERS' COMPENSATION
ADJOURNMENT or READY HOLD FORM**
Fax or Mail to Court Vicinage and All Other Parties*

Today's Date: _____

District Office: _____

Hearing Date: _____ Judge _____ # on Hearing List: _____

Check One: Adjourment Request for _____ cycles Ready Hold for _____ (Time)

CP #: _____ Case Title: _____

** Use additional pages if there are multiple cases to be adjourned for this Judge's hearing list

Request by (Name of Attorney & Firm): _____

Counsel for (Check One): Petitioner or Medical Provider Respondent

Telephone Number: _____ FAX Number: _____

Reason for Request (Required):

- Petitioner to be examined by *petitioner's* expert Dr. _____ on _____
- Petitioner to be examined by *respondent's* expert Dr. _____ on _____
- Attorney conflict due to: _____
- Petitioner continuing to receive (Authorized / Unauthorized) medical treatment:
- Other (Be Specific):

Other Case Parties Notified of this Request:

*In requesting an Adjourment or Ready Hold you are certifying that **all parties** including co-respondents and, when applicable, the Deputies Attorney General and Special Counsel for the Uninsured Employers Fund have also received the request.

Requests are to be made as soon as adjourment or ready hold basis is known. Requests are to be received (if mailed ensure timely receipt) not less than 24 hours of the scheduled case listing date and time (for Monday lists or Tuesday lists after Monday holiday by 9 am of preceding Friday). Emergent requests (less than 24 hours) require telephone request to judge and parties.

If request is denied, this form will be faxed to your office as indicated below. If denied, you are to notify all parties of the denial.

 If Checked, Request is Denied. Denial Reason: _____

CP #: _____ Case Title: _____

on Hearing List: _____ Requested Adjournment Request: _____ cycles

Reason for Request (Required):

If Checked, Request is Denied. Denial Reason: _____

CP #: _____ Case Title: _____

on Hearing List: _____ Requested Adjournment Request: _____ cycles

Reason for Request (Required):

If Checked, Request is Denied. Denial Reason: _____

CP #: _____ Case Title: _____

on Hearing List: _____ Requested Adjournment Request: _____ cycles

Reason for Request (Required):

If Checked, Request is Denied. Denial Reason: _____

CP #: _____ Case Title: _____

on Hearing List: _____ Requested Adjournment Request: _____ cycles

Reason for Request (Required):

If Checked, Request is Denied. Denial Reason: _____

CP #: _____ Case Title: _____

on Hearing List: _____ Requested Adjournment Request: _____ cycles

Reason for Request (Required):

If Checked, Request is Denied. Denial Reason: _____

CP #: _____ Case Title: _____

on Hearing List: _____ Requested Adjournment Request: _____ cycles

Reason for Request (Required):

If Checked, Request is Denied. Denial Reason: _____

CP #: _____ Case Title: _____

on Hearing List: _____ Requested Adjournment Request: _____ cycles

Reason for Request (Required):

If Checked, Request is Denied. Denial Reason: _____

CP #: _____ Case Title: _____

on Hearing List: _____ Requested Adjournment Request: _____ cycles

Reason for Request (Required):

If Checked, Request is Denied. Denial Reason: _____

CP #: _____ Case Title: _____

on Hearing List: _____ Requested Adjournment Request: _____ cycles

Reason for Request (Required):

If Checked, Request is Denied. Denial Reason: _____

CP #: _____ Case Title: _____

on Hearing List: _____ Requested Adjournment Request: _____ cycles

Reason for Request (Required):

If Checked, Request is Denied. Denial Reason: _____