

ORDER FOR DISMISSAL

CASE NO'S.:

WC-100-Dismissal Interactive (r. 7/1/2013)

VICINAGE:

PETITIONER

NAME: _____
 DATE OF BIRTH: _____
 ADDRESS: _____

ATTORNEY FOR PETITIONER

FEDERAL EMPLOYER NUMBER: _____
 NAME: _____
 ADDRESS: _____
 TELEPHONE NUMBER (AREA CODE): _____
 APPEARING: _____
 NAME SELF-INSURED TPA
 ADDRESS: _____
 CLAIM NUMBER: _____

VS

RESPONDENT

NAME: _____
 ADDRESS: _____

ATTORNEY FOR RESPONDENT

NAME: _____
 ADDRESS: _____
 TELEPHONE NUMBER (AREA CODE): _____
 APPEARING: _____

INSURANCE CARRIER

THIS MATTER HAVING COME BEFORE THE COURT ON THIS _____ DAY OF _____, _____

ORDER FOR DISMISSAL WITHOUT PREJUDICE

- Lack of Prosecution pursuant to N.J.S.A. 34:15-54, subject to the right to apply to the Division of Workers' Compensation to have the petition reinstated for good cause, within one year from the date of this dismissal.
- Other: _____

ORDER FOR DISMISSAL WITH PREJUDICE

- Failure to Sustain Burden of Proof
- Other: _____

ALLOWANCES	REIMBURSE	TAX IDENTIFICATION NUMBER	TOTAL AMT. ALLOWED	PAYABLE BY PETITIONER	PAYABLE BY RESPONDENT
STENOGRAPHIC SERVICE:					

WE HEREBY CONSENT TO THE ENTRY AND FORM OF THIS ORDER AND ACKNOWLEDGE RECEIPT OF COPY:

 PETITIONER'S ATTORNEY

 JUDGE OF COMPENSATION DATE

 PETITIONER (where applicable)

 JUDGE'S NAME

 RESPONDENT'S ATTORNEY

THE ORIGINAL OF THIS DOCUMENT, SIGNED BY THE JUDGE OF COMPENSATION, WILL BE MAINTAINED ON FILE IN THE DIVISION OF WORKERS' COMPENSATION, PURSUANT TO N.J.S.A. 34:15-121 et seq.