

COURTS on-line Electronic Filing Instructions

(1) Answer to Application for Review/Modification of Formal Award (Re-Openers)

(2) Amended Answer to Re-Opener

Revision date 2/19/2014

Thank you for your interest in the COURTS on-line Electronic Filing program. This document will outline the step-by-step procedures for e-filing an Answer and Amended Answer to an Application for Review and/or Modification of Formal Award (Re-Opener). All users are encouraged to review these procedures (in conjunction with the basic E-Filing Answers procedures document) prior to e-filing an Answer to Re-Opener document.

If at any time during the filing process you need assistance, please feel free to contact us at (609) 777-4921 or (609) 292-2556 or you can e-mail us at courts@dol.state.nj.us.

(1) Electronic Filing of an Answer to Re-Opener

Requirements for Filing:

- Any e-filing attorney can file an Answer to ARM. You do not need to be the original respondent attorney for the case.
- The case must be in 'R' Re-Opened status.

Process:

1. From the E-filing Menu, select **Answer** (Note – the system will know that you are trying to file an Answer to a Re-Opener (instead of just a regular Answer) based on the CP # that you enter in the next step).



2. Enter the Social Security number for the petitioner and the case number. Hit **Search**.



3. After hitting **Search**, an interim page may appear, displaying two sections:
 - **Reopeners/Amended Reopeners filed** – This section will appear if a Re-Opener or an Amended Re-Opener has already been filed on this case. You can review this information and then decide to **Cancel** or **Continue** with your filing.
 - **Existing Draft Documents** – This section will appear if you or another person in your firm has already started data entering a Re-Opener document on this case, but has not yet had the chance to submit it. Having this will help prevent creating multiple instances of the same filing. If you wish to pick up where you last left off, click on the hyper-linked draft Doc #. That will take you right into the last saved document template. If you want to continue with filing a brand new document, hit the **Create New** button.

- The next screen will be the Answer to ARM data entry template with three tabs: Party Info, Details and Print & Submit. The form will be pre-populated with the latest data from our database.

5. Party Info Tab:

Petitioner block:

- You cannot update any information in this section

Attorney for Respondent block:

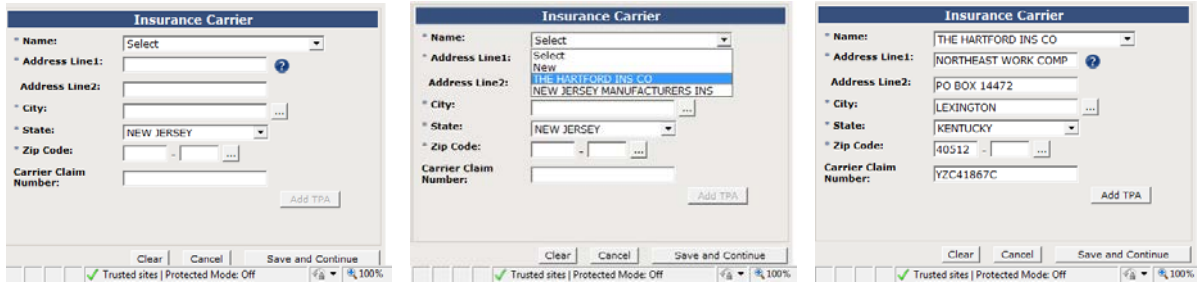
- This section will display your firm's name and registered address with the Division. You have the option of changing the address in this section for purposes of how it will appear on the printed filing. **Note: This will not change the registered address with the Division. To do that, you must submit the request in writing.**

Respondent block:

- You cannot update any information in this section
- If the Respondent Name is incorrect, you can indicate the correct name in the section provided.

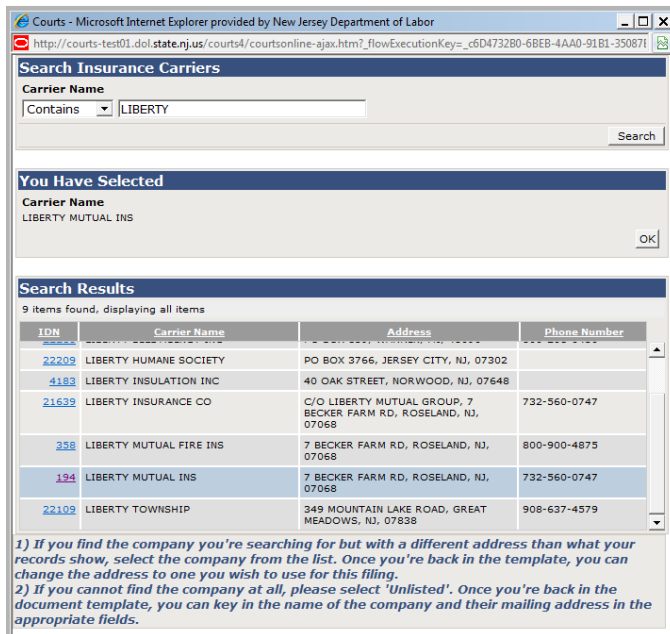
Insurance Carrier block:

- In the Insurance Carrier section, if the **Name** defaults to “Select”, that means there are multiple carriers active on the case. Select the Carrier you are filing an Answer for from this drop-down.



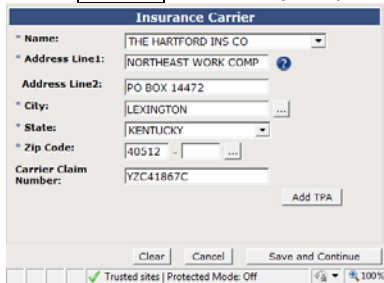
OR, if your company is not listed here, you can Search for your company name by selecting the **New** option in the drop-down. Then hit the **Search** button that will appear next to the Name field (the button with the three dots). This will open up the carrier search widget.

- Once you find the correct carrier from our search database (or enter in a brand new carrier via the **Unlisted** option **if you cannot** find the company), hit the **OK** button.



Third Party Administrator:

- You can also identify a third party administrator that handles claims for the carrier identified.
- Click on the **Add TPA** button to open up the Third Party Administrator section below.



- Hit the Search button that will appear next to the Name field (the button with the three dots). This will open up the carrier/TPA search widget.
 - Once you find the correct TPA from our search database (or enter in a brand new TPA via the [Unlisted](#) option **if you cannot** find the company), hit the **OK** button. The selected TPA will now appear in the TPA block.
6. When you are done reviewing and updating data relating to the parties on the case, Hit **Save and Continue** to move onto the **Answer Details** tab. The document will be saved and made available in your Drafts folder, if you wish to stop the entry of the document and return to it later at some point.
7. Complete the data in the **Details** section

- Hit **Save & Continue** to proceed.
8. If you are ready to Submit, you must first do a **View & Print** before hitting the **SUBMIT** button.

State of New Jersey Department of Labor and Workforce Development Division of Workers' Compensation 770 State Street Trenton, New Jersey 08625-0201		ANSWER TO APPLICATION FOR REVIEW OR MODIFICATION OF FORMAL AWARD		Case No.: 2012-7822 Venue: TRENTON
PETITIONER SOCIAL SECURITY NUMBER: 00001-2845 <input type="checkbox"/> SSN in New America NAME: JOHN SMITH ADDRESS: 1 MAPLE AVENUE APT 1B BRIDGEWATER, NJ 08807		ATTORNEY FOR RESPONDENT NAME: MONIQUE T MORAN ESQ ADDRESS: 330 FELLOWSHIP ROAD SUITE 201 MT LAUREL, NJ 08054 TELEPHONE NUMBER: (908) 727-3187 Ex. Fax NUMBER: (908) 727-3170		
VS RESPONDENT NAME: ABC EMPLOYER ADDRESS: 1 KAREN COURT JACKSON, NJ 08527 CORRECT NAME OF RESPONDENT IF INCORRECT ON CLAIM PETITION:		INSURANCE CARRIER NAME: THE HARTFORD INS CO ADDRESS: NORTHEAST WORK COMP FLOOR 1447 LEXINGTON, NY 42512 CARRIER CLAIM NUMBER: Y2041861C		
TO THE DIVISION OF WORKERS' COMPENSATION: Respondent, in answer to the Application for Review or Modification, respectfully states:		THIRD PARTY ADMINISTRATION NAME: ADDRESS: TPA CLAIM NUMBER:		
Permanent Disability for prior award was paid from: to for a total of weeks, days at \$ per week, totaling \$				
Temporary Benefits paid subsequent to satisfaction of prior award: to for a total of weeks, days at \$ per week, totaling \$				
Medical Benefits paid subsequent to satisfaction of prior award: to totaling \$				
The date of the last compensation payment was . The date of the last authorized treatment was				
The factual, legal and medical reasons for denying the application are as follows:				
<input type="checkbox"/> Demand is hereby made for all records of medical treatment, examinations and diagnostic studies. (N.J.A.C. 12:236-3.8(a))				
I certify that the foregoing statements made by me are true to the best of my knowledge, information and belief.				
Attorney for Respondent		Date		
Page 1 of 1				

- After the document has been printed, the Submit button will appear on the lower right hand side of the data entry template. If you are ready to file this document, hit the **Submit** button.
- Upon Submit, the system will remove the corresponding document from the Drafts folder. You will also receive a confirmation message with a link to the filed document.

The Message will advise you of the e-filing status of the Petitioner's Attorney and the Insurance Carrier. If they are e-filers, the system will send them the filed document through the COURTS on-line system. Otherwise, it is your responsibility to print up and mail them a hard copy of the Answer.

The screenshot shows the 'COURTS on-line' interface for the Division of Workers' Compensation. The user is logged in as 'TIM MINDEK, MONIQUE T MORAN ESQ'. The main content area displays a confirmation message: 'Answer to Application for Review or Modification of Formal Award' and 'This document has been successfully filed.' Below this, a table provides details: Case Number: 2012-7822, Case Title: SMITH VS ABC EMPLOYER. A note states: 'The Petitioner's Attorney is an e-filer and will be notified of this filing electronically. The Insurance Carrier is an e-filer and will be notified of this filing electronically.' At the bottom, there are buttons for 'File Another Document' and 'View Filed Document'.

(2) Electronic Filing of an Amended Answer to Re-Opener

Requirements for Filing:

- An active respondent attorney (for a carrier) may file an Amended Answer to Re-Opener for that carrier
- An original Answer for Re-Opener for the selected respondent/carrier must have been filed.

Process:

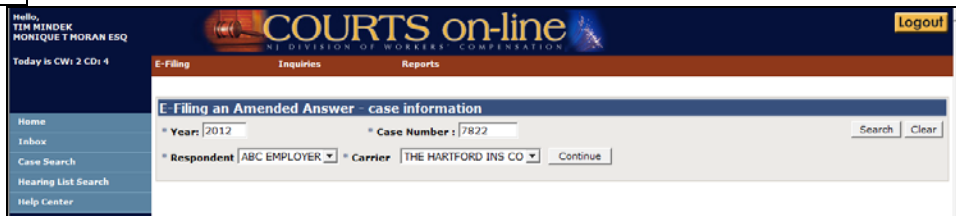
1. From the E-filing Menu, select **Amended Pleading**, and then **Answers**



2. Enter the Year and Case Number of the case. Hit **Search**



3. Then select the Respondent and the Carrier you are representing from the drop-downs, if not already pre-selected.
4. Hit the **Continue** button.



5. After hitting **Continue**, an interim page may appear, displaying two sections:
 - **Case Answers** – This section will list all the Answers filed on this case already. You can review this information and then decide to **Cancel** or **Continue** with your filing.
 - **Existing Draft Documents** – This section will appear if you or another person in your firm has already started data entering an Answer or Amended Answer to Re-Opener document on this case, but has not yet had the chance to submit it. Having this will help prevent creating multiple instances of the same filing. If you wish to pick up where you last left off, click on the hyper-linked draft Doc #. That will take you right into the last saved document template. If you want to continue with filing a brand new document, hit the **Create New** button.



6. The next screens will be the Amended Answer to ARM data entry template. The form will be pre-populated as follows:
 - Party Info tab – the latest data from our database.
 - Details – the latest data from the last Answer to Re-Opener filing (only if it was e-filed)

7. **Party Info tab:**

You can update the following data on this page:

- Petitioner: You cannot update any information in this section
- Attorney for Respondent: the only data that can be changed is the address info, the phone info and fax info
- Respondent: the only data that can be changed is the “Correct Name of Respondent, if incorrect” field:
- Carrier: Only the address and/or claim numbers can be modified
- TPA: You can Change, Add New or Remove a TPA (Note – there can only be one TPA for every carrier/self-insurer)

Amended Answer to Application for Review or Modification of Formal Award

Required Field =*

Party Info Details Print and Submit

Case Title: SMITH VS ABC EMPLOYER Draft #: 2012-7822

Petitioner		Attorney For Respondent	
* SSN:	900 - 01 - 2645	* Company Name:	MONIQUE T MORAN ESQ
* First Name:	JOHN	* Address Line1:	330 FELLOWSHIP ROAD
* Last Name:	SMITH	* Address Line2:	SUITE 201
* Address Line1:	1 MAPLE AVENUE	* City:	MT LAUREL
* Address Line2:	APT. 1B	* State:	NEW JERSEY
* City:	BRIDGEWATER	* Zip Code:	08054 - [] - []
* State:	NI	Area Code	Phone
* Zip Code:	08807 - [] - []	856 - 7273167	Extension
* Country:	UNITED STATES	* Telephone No:	856 - 7273170
		Area Code	Fax
		856 - 7273170	
		Fax:	

vs

Respondent		Insurance Carrier	
* Name:	ABC EMPLOYER	* Name:	THE HARTFORD INS CO
* Address Line1:	1 KAREN COURT	* Address Line1:	NORTHEAST WORK COMP
* Address Line2:		* Address Line2:	PO BOX 14472
* City:	JACKSON	* City:	LEXINGTON
* State:	NI	* State:	KENTUCKY
* Zip Code:	08527 - [] - []	* Zip Code:	40512 - [] - []
* Country:	UNITED STATES	* Carrier Claim Number:	Y2C41867C

Correct Name of Respondent if incorrect on claim petition

Clear Cancel Save and Continue

8. **Details Tab:**

- This page will be pre-filled with data from the last Answer or Amended Answer if it was e-filed. Otherwise, it will be blank. You can enter/update any of the information on this page.

Amended Answer to Application for Review or Modification of Formal Award

Required Field =*

Party Info Details Print and Submit

Case Title: SMITH VS ABC EMPLOYER Draft #: 2012-7822

Permanent Disability for prior award was paid from: [] to [] for a total of [] weeks, [] days at \$ [] per week, totaling \$ [] none

Temporary Benefits paid subsequent to satisfaction of prior award: [] to [] for a total of [] weeks, [] days at \$ [] per week, totaling \$ [] none

Medical Benefits paid subsequent to satisfaction of prior award: [] to [] totaling \$ []

The date of the last compensation payment was []

The date of the last authorized treatment was []

The factual, legal and medical reasons for denying the application are as follows:

We are denying this re-opener. []

Characters left: 3471

Demand is hereby made for all records of medical treatment, examinations and diagnostic studies. [N.J.A.C. 12:235-3.8(c)]

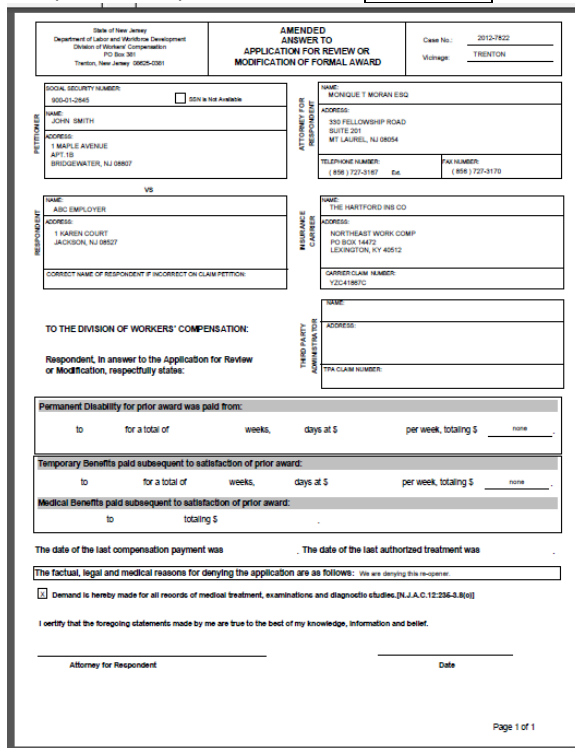
Clear Cancel Save and Continue

9. **Print & Submit Tab:**

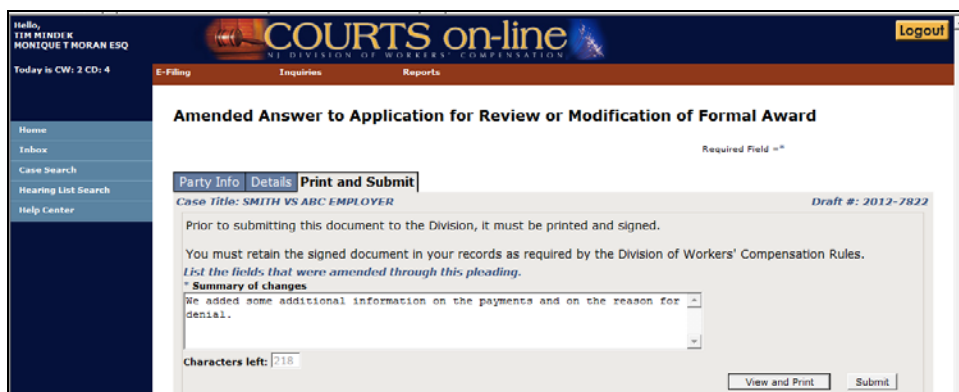
- In the section called “Summary of Changes”, you must describe the changes that were made with this Amended filing (eg. “We added some additional information on the payments and on the reason for denial”, etc.).



- If you are ready to Submit, you must first do a **View & Print** before hitting the **SUBMIT** button.



10. After the document has been printed, the Submit button will appear on the lower right hand side of the data entry template. If you are ready to file this document, hit the **Submit** button.



11. Upon Submit, the system will remove the corresponding document from the Drafts folder. You will also receive a **Confirmation Message** with a link to the filed document.

The message will advise you of the e-filing status of the Petitioner's Attorney and the Insurance Carrier. If they are e-filers, the system will send them the filed document through the COURTS on-line system. Otherwise, it is your responsibility to print up and mail them a hard copy of the Answer.

