



State of New Jersey
Department of Labor & Workforce Development
Division of Workers' Compensation

MEMORANDUM

December 21, 2015

To: e-Filing Attorneys, Judges and district office staff
From: COURTS on-line project team
Subject: COURTS on-line E-Orders Procedures

The Division is pleased to announce the most recent upgrade to our COURTS on-line system, **E-orders**. E-orders will allow all e-filing attorneys, judicial and district office staff to create orders from within COURTS on-line. E-orders will still need to be printed and signed by all parties, as with any other order, and cannot be submitted electronically to the division.

If you have any questions or feedback regarding E-Orders, please feel free to contact us at (609) 292-2556 or you can e-mail us at courts@dol.nj.gov.

Thank you for your continued support of this program.

COURTS on-line E-Order Procedures

With this recent eOrders upgrade, all e-filing attorneys, judicial and district office staff will have a new Menu item called **E-Orders**.



- **Create New** will allow you to create a brand new Order form for a case
- **Draft Orders** will allow you to search for a previously saved order. From here, you can open up the last saved version and continue making modifications to the document.

There are 4 different types of Orders being offered at this time:

- Judgment/Order Approving Settlement
- Section 20 Dismissal
- Order for Dismissal (case dismissal)

- General/Misc Order (can be used for any general order): User can select from a variety of standard General Orders from a drop-down or select the Miscellaneous Order and then type in a customize name.

All the Orders will allow you to automatically attach certain standardized attachments when the document is printed:

- Order for Child Support
- Medicare Addendum
- Case Exhibit List

The Orders will also have space for you to enter additional information (up to 3500 characters). This information, if entered, will be printed in an Addendum page.

Keep in mind that the basic workflows for creating any of the above 4 Order types are essentially the same.

The following step-by-step example describes the Judgment/Order Approving Settlement flow. This particular case selected has an active Lien and related cases.

A. HOW TO CREATE A NEW JUDGMENT/ORDER APPROVING SETTLEMENT:

1. Select **Create New**. Enter in the CP # of the case. Hit **Search**.

The next screen will allow you to select the Order type and the name of the respondent/carrier that will appear in the Case Caption section of the form. The page will also alert you to the existence of a lien and whether there are any existing saved documents for this case.

Draft Doc No.	Petitioner Name	Respondent Name	Insurance Carrier	Document Type	Last Updated	Updated By	Preview
2013-28843	JOSEPH DOE	COCA-COLA ENTERPRISES	ACE PROPERTY & CASUALTY INS CO	ORDER APPROVING SETTLEMENT	11/13/2015	ATTYTM2	

2. Select **Judgment/Order Approving Settlement** from the drop-down list of Order Types.

3. Next, select the Respondent/Carrier combination from the drop-down.
 - a. **Note** – if you are a petitioner attorney or a Judge, all the respondent parties will appear in this dropdown. If you are a respondent attorney, only the respondent-carrier you represent will appear for selection.

4. For your convenience, a **button** will be displayed whenever there is an active lien on the case. Clicking on the button will display the lien details, in a pop-up window, as shown below. If there is no lien button displayed, that implies there is no lien on the case:

5. Click the **Continue** button at the bottom right hand corner to proceed after closing out the lien pop-up window.
6. The next set of screens will be the data entry input screens. The flow for completing the form is broken down in sections (each under its own tab).
- Please note that you can save the form and print it during any stage of completion. You can even bypass data entry altogether and go to the Print tab to simply print an empty form with the just the case caption pre-filled.
 - The data entry screens are laid out in a tabbed format, with each tab capturing certain information. To Save the data that your entered, you need to simply hit the Save button at the bottom of each page, or the next tab at the top.
7. The first Tab is the **CAPTION** tab. It displays the latest party information from the case.

- If any of the data needs to be changed/corrected, you can overwrite the information on the form (with the following two exceptions)
 - Petitioner Attorney Company Name
 - Respondent Attorney Company Name

Please note that any changes to the Petitioner or Respondent information will be identified with a **yellow shading** on the section header on the *printed* form. This will alert the judge that a change has

been made (this shading will also prompt our clerical staff to make the necessary corrections to the data in the system). See the example below:

State of New Jersey Department of Labor and Workforce Development Division of Workers' Compensation WC-100 (r. 9/18/15)		ORDER <input type="checkbox"/> JUDGMENT <input checked="" type="checkbox"/> APPROVING SETTLEMENT		Case No.: 2013-28843 2014-9022 Vicinage: TOMS RIVER	
PETITIONER/ APPLICANT	NAME: JOSEPH DOE		EMPLOYER ID#: 222092476		
	ADDRESS: 33 MAIN STREET TRENTON, NJ 08625		NAME: STARK & STARK		
DATE OF BIRTH: 10/10/1981		MEDICARE ELIGIBLE: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		ADDRESS: 993 LENOX DRIVE PO BOX 5315 PRINCETON, NJ 08543	
VS		APPEARING ATTORNEY:		TELEPHONE NUMBER(AREA CODE): (609) 896-9060 Ext:	
NAME:		NAME:			

- b. Please note that if you selected the ORAS/Judgment or Section 20 forms, a section called “**Other Carrier/Attorney parties for the Respondent**” will be displayed when there are multiple carriers for this Respondent.

Other Carrier/Attorney parties for Respondent	
Dismiss	Party
<input checked="" type="checkbox"/>	SEDGWICK CMS/NO ATTORNEY
<i>The Carrier(s) selected above will be inactivated on the case at the time of case closure.</i>	

Many times, these other carriers have been named on the case in error. We are giving you the opportunity to request inactivation of these parties directly on the primary Order without the need to submit additional Orders dismissing them from the case. Simply place a check next to the party name if you want the party inactivated.

- c. Hit **Save & Continue** at the bottom of the form when you are done reviewing and/or making changes to the party information. You can also hit the next tab at the top of the form **Details 1** and that will Save the data.

At this point you have a couple of options:

- You can leave the flow. The document will be saved to your Drafts List. You can return to it at any point in the future.
- You can print the form in its latest saved state (hit the **Print** tab)
- ..or you can continue completing the rest of the form

8. If you choose to continue data entering the form, you will now be on the **Details 1** tab
- There are no required fields, but if you do enter in a date or a monetary amount, it must be in the proper format.
 - Date of Accident will be pre-filled. If it is changed, the field will be shaded on the printed form.

Judgment/Order Approving Settlement

[Caption](#)
[Details 1](#)
[Details 2](#)
[Related Cases](#)
[Print](#)

Case Title: DOE VS COCA-COLA ENTERPRISES Year - Case #: 2013-28843

Date of Accident: 10/05/2012 Describe(Briefly): full off the roof

Weekly Wages: 1000.00 Rate(s): 700.00 /

IF RE-OPENED PETITION, INDICATE FOR LAST AWARD:

Date: Award: Permanent Paid:\$ Temporary Paid:\$

THIS MATTER HAVING COME BEFORE THE COURT ON THIS 5th DAY OF February, 2015

ORDER FOR JUDGMENT
 It appearing that the Petitioner suffered a compensable injury on the above mentioned date while in the employ of the respondent; It is Ordered and Adjudged that Petitioner be awarded compensation benefits, payable as indicated on Detail tab 2.

ORDER APPROVING SETTLEMENT
 The parties having settled the matter and a finding by the Court having been made that the terms of the settlement are fair and just; It is Ordered that this settlement be approved and the petitioner be paid as indicated

Permanent DISABILITY (Describe Percentages below followed by the Nature and Extent of Injury and Members involved):

50.00 % of PARTL TOTL

For fracture of the head and spinal column

Cancel Save and Continue

- c. Hit **Save & Continue** at the bottom of the page when you are done entering information on this tab. You can also hit the next tab at the top of the form **Details 2** and that will Save the data.

At this point you have a couple of options:

- You can leave the flow. The document will be saved to your Drafts List. You can return to it at any point in the future.
- You can print the form in its latest saved state (hit the **Print** tab)
- ..or you can continue completing the rest of the form

9. You will now be on the **Details 2** tab

- a. There are no required fields, but if you do enter in a monetary amount, it must be in proper numerical format
- b. You can ask the system to verify your math by hitting the **Check Calculations** button. (can only be used if all the fields are completed - weeks, rate & total due)
- c. Text entered into the Addendum section will be automatically printed on a separate Addendum page. This extra page will accommodate 3500 characters.
- d. The Judge's Name will default to the assigned judge, but you can select another name from the drop-down.
- e. The Allowances section will allow you to add rows as needed.
- f. A lien indicator button will be displayed at the very bottom of the page on cases that have an active Lien.

Judgment/Order Approving Settlement

Caption Details 1 **Details 2** Related Cases Print

Case Title: *DOE VS COCA-COLA ENTERPRISES* Year-Case #: 2013-28843

DISABILITY AWARDED:

TEMPORARY: Weeks at \$ _____ = \$ _____ less \$ _____ paid = Balance due \$ _____

PERMANENT: Weeks at \$ _____ = \$ _____ less \$ _____ paid = Balance due \$ _____

Bonafide Voluntary Tender Non Bonafide Voluntary Tender Reopener Credit Section 40 Other _____

MEDICAL BILLS (Doctors and/or Institutions) AND/OR MISCELLANEOUS INFORMATION:

Addendum (Any Information entered here will be printed on an additional page.)

Characters left: 3501

JUDGE: CHERKOS,RUSSELL

Allowances					
MEDICAL FEE	REIMBURSE <i>Select or type name</i>	TAX ID	TOTAL AMT. ALLOWED	PAYABLE BY PETITIONER	PAYABLE BY RESPONDENT
_____	Select <input type="button" value="v"/>	_____	_____	_____	_____
_____	Select <input type="button" value="v"/>	_____	_____	_____	_____
_____	Select <input type="button" value="v"/>	_____	_____	_____	_____
_____	Select <input type="button" value="v"/>	_____	_____	_____	_____
<input type="button" value="Add Row"/>					
INTERPRETER	REIMBURSE <i>Select or type name</i>	TAX ID	TOTAL AMT. ALLOWED	PAYABLE BY PETITIONER	PAYABLE BY RESPONDENT
_____	Select <input type="button" value="v"/>	_____	_____	_____	_____
<input type="button" value="Add Row"/>					
ATTORNEY FEE	REIMBURSE <i>Select or type name</i>	TAX ID	TOTAL AMT. ALLOWED	PAYABLE BY PETITIONER	PAYABLE BY RESPONDENT
Select <input type="button" value="v"/>	Select <input type="button" value="v"/>	_____	_____	_____	_____
<input type="button" value="Add Row"/>					
STENOGRAPHY SERVICE	REIMBURSE <i>Select or type name</i>	TAX ID	TOTAL AMT. ALLOWED	PAYABLE BY PETITIONER	PAYABLE BY RESPONDENT
Select <input type="button" value="v"/>	Select <input type="button" value="v"/>	_____	_____	_____	_____
<input type="button" value="Add Row"/>					
MISC FEE(S)	REIMBURSE <i>Select or type name</i>	TAX ID	TOTAL AMT. ALLOWED	PAYABLE BY PETITIONER	PAYABLE BY RESPONDENT
_____	Select <input type="button" value="v"/>	_____	_____	_____	_____
<input type="button" value="Add Row"/>					

- g. Hit **Save & Continue** at the bottom of the form when you are done entering information on this tab. You can also hit the next tab at the top of the form **Related Cases** and that will also Save the data.

At this point you have a couple of options:

- You can leave the flow. The document will be saved to your Drafts List. You can return to it at any point in the future.
- You can continue to the final step where you can select other related cases (if you are consolidating this decision). This **“Related Cases”** tab (as shown below) will only appear if there is another related case in active status.

- ..or you can print the form in its latest saved state (hit the **Print** tab)

10. **PRINT:** The last step in the process is printing the form. For all forms, we are giving you the option of attaching the following standard attachments: **Order for Child Support, Medicare Addendum, Case Exhibit List**

- You can check or uncheck the selection boxes as appropriate. These standard attachments will come prefilled with case/party information at the very top.
- Hit the **Print Preview** button. This will display the document as a PDF. You can Print it or choose to Save it to your local computer.

B. HOW TO SEARCH FOR A PREVIOUSLY SAVED DRAFT ORDER:

- From the *Orders* menu at the top, Select **Draft Orders**.



- The **Filter Draft Orders** screen comes up, as shown below:

- You have a variety of different ways to refine your search. You can search for a specific document or a group of documents. If you are an attorney, you can also search for all the documents last edited by your or an individual in your firm. Note: If you are a judge, you will have access to just those documents for cases that are assigned to you or that have been last updated by you.
- If you want to see all of the documents, simply click on the **Full List** button and all saved documents will be displayed below.

Filter Draft Orders

Year: Case #: Case Status: Updated By:

From Date: To Date: Last Name:

My Draft Orders

One item found

Delete	CP#:	Stat	Petitioner	Respondent Name	Insurance Carrier	Doc	Case Type	Hearing Date	Last Updt	Updt By	Preview
<input type="checkbox"/>	2013-28843	OPEN	DOE	COCA-COLA ...	ACE PROPER...	ORDER JUDGEMENT	CP	06/06/2014	11/04/2015	BERICH, WAT	

Print List: [PDF](#)

- c. From here, you can continue with editing the document by clicking on the hyperlinked CP#. This will take you back into the data entry workflow.
- d. Or you can choose to print the document by clicking on the pdf icon under the Preview column.
- e. Lastly, unwanted documents or documents that have already been printed and submitted should be deleted. Simply select those documents by placing a check in the check box and then hitting the **Delete** button.

This is a sample printed Judgment/Order Approving Settlement form, with all the available attachments:

State of New Jersey Department of Labor and Workforce Development Division of Workers' Compensation WC-100 (9/18/15)		ORDER		Case No.: 2013-28843 2014-9822 Venue: TOMS RIVER	
PETITIONER/APPLICANT	NAME: JOSEPH DOE ADDRESS: 33 MAIN STREET, TRENTON, NJ 08625 DATE OF BIRTH: 10/10/1981 MEDICARE ELIGIBLE: <input type="checkbox"/> YES <input type="checkbox"/> NO	EMPLOYER/INSURANCE CARRIER	EMPLOYER ID#: 22292476 NAME: STARK & STARK ADDRESS: 393 LINCOLN DRIVE, PO BOX 6315, PRINCETON, NJ 08543 TELEPHONE NUMBER(AREA CODE): (609) 986-9600 APPEARING ATTORNEY:	RESPONDENT	INSURANCE CARRIER
RESPONDENT	NAME: COCA-COLA ENTERPRISES ADDRESS: 704 ROUTE 25, NEPTUNE, NJ 07763 NAME: CIPRIANI & WERNER ADDRESS: 155 GATHER DR, SUITE B, MOUNT LAUREL, NJ 08054 TELEPHONE NUMBER(AREA CODE): (856) 761-0725 APPEARING ATTORNEY:	INSURANCE CARRIER	NAME: ACE PROPERTY & CASUALTY INS CO ADDRESS: PO BOX 6666, SCRANTON, PA 18505 CLAIM NUMBER: DATE OF ACCIDENT: 10/09/2012 OCCURRENCE (Date): N/A if the tool	ATTORNEY FOR RESPONDENT	INSURANCE CARRIER
ADMINISTRATIVE DEDUCTIBLES <small>(List Case insurance carriers to be deducted from case, without prejudice):</small> BEDGWICK CMS / NO ATTORNEY		Weekly Wages: \$ 1,000.00 Rate(s): \$ / \$ 700.00			
IF RE-OPENED PETITION, INDICATE FOR LAST AWARD: Date: _____ Award: _____ Permanent Paid: \$ _____ Temporary Paid: \$ _____ THIS MATTER HAVING COME BEFORE THE COURT ON THIS _____ 5th DAY OF February, 2015					
<input type="checkbox"/> ORDER FOR JUDGMENT <small>If appearing that the Petitioner suffered a compensable injury on the above mentioned date while in the employ of respondent, it is Ordered and Adjudged that Petitioner be awarded compensation benefits, payable as indicated on Page 2.</small>					
<input checked="" type="checkbox"/> ORDER APPROVING SETTLEMENT <small>The parties have settled the matter and a finding by the Court having been made that the terms of the settlement are fair and just, it is Ordered that this settlement be approved and the petitioner be paid as indicated on page 2.</small>					
PERMANENT DISABILITY (Describe Percentages below followed by the nature and extent of injury and Members involved): 50.00 % of PARTIAL TOTAL for fracture of the head and spinal column					

State of New Jersey Department of Labor and Workforce Development Division of Workers' Compensation WC-100 (9/18/15)		ORDER		Case No.: 2013-28843 2014-9822 Venue: TOMS RIVER		
DISABILITY AWARDED: TEMPORARY: _____ weeks at \$ _____ = \$ _____ less \$ _____ paid = Balance due \$ _____ PERMANENT: 100.000 weeks at \$ 5.00 = \$ _____ less \$ _____ paid = Balance due \$ _____ <input type="checkbox"/> BonaFide Voluntary Tender <input type="checkbox"/> Non BonaFide Voluntary Tender <input type="checkbox"/> Responder Credit <input type="checkbox"/> N.J.S.A. 34:15-40 <input type="checkbox"/> Other						
MEDICAL BILLS (Doctors and/or Institutions) AND/OR MISCELLANEOUS INFORMATION: <small>all medical bills will be paid if not paid.</small>						
<input checked="" type="checkbox"/> ORDER FOR CHILD SUPPORT <input checked="" type="checkbox"/> MEDICARE ADDENDUM ATTACHED <input checked="" type="checkbox"/> ADDENDUM ATTACHED						
ALLOWANCES		REIMBURSE	TAX ID	TOTAL AMT. ALLOWED	PAYABLE BY PETITIONER	PAYABLE BY RESPONDENT
Medical Fee Allowed (report and/or testimony) DR: HORNOWITZ 12 MAIN STREET, FREEHOLD NJ		RESP ATTYN	123456789	1,000.00	500.00	500.00
Hierarchic: GLOBE SERVICES			123456789	100.00		100.00
Attorney(s) Fee: STARK & STARK						
Stenographic service:						
Miscellaneous Fees (list below)						
<input type="checkbox"/> This Court finds the parties adequately considered Medicare interest, be that as it may, should a Medicare issue arise, this Court retains jurisdiction. WE HEREBY CONSENT TO THE ENTRY AND FORM OF THIS ORDER AND ACKNOWLEDGE RECEIPT OF COPY:						
STARK & STARK, Attorney for Petitioner			RUSSELL CHERKOE JUDGE OF COMPENSATION			
PETITIONER			DATE			
<small>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.</small>						

Use this space for additional information. Max characters 3000.

Petitioner: JOSEPH DOE Respondent: COCA-COLA ENTERPRISES
Probation Case #: Probation Division (County):

1. The Division of Workers' Compensation has matched data received from the New Jersey Administrative Office of the Courts on child support judgment debtors against the information the Division maintains for individuals who have filed workers' compensation claims, and the match has identified the petitioner as a child support judgment debtor;
2. Total support arrears owed by the petitioner on all cases enforceable through the state Probation Division are \$ _____ as of _____ as indicated in the records of _____ Probation Division;
3. The net proceed of the within award are more than \$2,000.00, after payment of attorney fees, witness fees, costs, fees payable to health care providers, reimbursement to the employer, employer's insurance carrier, Second Injury Fund of the State of New Jersey, State Division of Temporary Disability Insurance and an approved Private Plan covered under the Temporary Disability Benefits Law or other reimbursement to an employer or employer's workers' compensation carrier as provided in R.S. 34:15-40.

IT IS ON THIS _____ DAY OF _____, HEREBY ORDERED THAT

1. The petitioner shall pay \$ _____ for Child Support arrears(es), through the _____ Probation Division. The employer or employer's insurance carrier shall deduct said payment from the petitioner's net proceeds.
2. This order adjudicates the disbursement of net proceeds of the within award as it pertains to satisfaction of the above referenced child support obligation. All other provisions previously entered in this or related matters shall remain in full force and effect until further order of the court.
3. A copy of this order shall be served upon the _____ Probation Division by the respondent's attorney within 10 days from the execution of this order.

STARK & STARK, Attorney for Petitioner

RUSSELL CHERKOS
JUDGE OF COMPENSATION

DATE

PETITIONER

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.A.C. 34:15-121 et seq.

Petitioner: JOSEPH DOE Respondent: COCA-COLA ENTERPRISES

Please select Settlement type:

JUDGMENT:

Petitioner is Medicare entitled. The Center for Medicare Services (CMS) has been contacted for an itemization of monies, if any, CMS paid for the compensable condition(s). As of this date, the CMS conditional payment review is pending.

All parties agree that should they not be able to amicably resolve the responsibility for reimbursement to CMS, this Court retains jurisdiction to determine the extent to which the respondent is liable for payment to CMS for medical treatment.

All parties recognize that this court has no jurisdiction to determine the total amount due CMS.

ORDER APPROVING SETTLEMENT:

Petitioner is Medicare entitled. The Center for Medicare Services (CMS) has been contacted for an itemization of monies, if any, CMS paid for the compensable condition(s). As of this date, the CMS conditional payment review is pending.

All parties agree that should they not be able to amicably resolve the responsibility for reimbursement to CMS, this Court retains jurisdiction to determine the extent to which the respondent is liable for payment to CMS for medical treatment.

All parties recognize that this court has no jurisdiction to determine the total amount due CMS.

Petitioner understands that he/she may be held personally liable to reimburse CMS for treatment paid for by Medicare but held not to be the responsibility of the Respondent, possibly beyond the settlement amount.

WE HEREBY CONSENT TO THE ENTRY AND FURNISH THIS ORDER AND ACKNOWLEDGE A COPY

STARK & STARK, Attorney for Petitioner

RUSSELL CHERKOS
JUDGE OF COMPENSATION

DATE

CIPRIANI & WERNER, Attorney for Respondent

PETITIONER

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.A.C. 34:15-121 et seq.

JUDGE: RUSSELL CHERKOS
PETITIONER: JOSEPH DOE RESPONDENT: COCA-COLA ENTERPRISES
PETITIONER ATTORNEY: STARK & STARK RESPONDENT ATTORNEY: CIPRIANI & WERNER

Hearing Date	No.	ID	Ev.	Description	Retained		Reporter
					Court	Atty.	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	