



## COURTS on-line Electronic Filing Instructions

Revision date 3/4/14

Claim Petition (CP)  
Dependency Claim Petition (DCP)  
Medical Claim Petition (MCP)  
Application for an Informal Hearing

Amended Claim Petition (CP)  
Amended Dependency Claim Petition (DCP)  
Amended Medical Claim Petition (MCP)

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 a **Claim Petition** and an **Amended Claim Petition**. Similar procedures will apply to e-filing Dependency Claim Petitions, Medical Claim Petitions and Applications for Informal Hearings.

All users are encouraged to review these procedures prior to e-filing any of the above documents. 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](mailto:courts@dol.state.nj.us).

### MENU

[REQUIREMENTS FOR PARTICIPATION IN THE E-FILING PROGRAM](#)

[E-FILING MENU FEATURES](#)

[E-FILING WORKFLOW – QUICK OVERVIEW](#)

[HOW TO E-FILE A CLAIM PETITION - STEP BY STEP PROCEDURES:](#)

[CASE LOOKUP OF THE NEWLY FILED CP](#)

[SERVICE / MESSAGING RULES](#)

[MANAGING YOUR MESSAGE INBOX](#)

[HOW TO E-FILE AN AMENDED CLAIM PETITION - STEP BY STEP PROCEDURES:](#)

### REQUIREMENTS FOR PARTICIPATION IN THE E-FILING PROGRAM:

#### Who Can E-File?

- You must be an active COURTS on-line subscriber to use the Electronic Filing system.
- Your employer must designate you as an approved “E-Filer” for your firm.

#### Technical/System Requirements:

- The *COURTS on-line* website has been optimized for Microsoft Internet Explorer version 7.0 or higher. Later versions of Firefox or Chrome may also be used.
- You must be able to open and download PDF, JPEG and TIFF documents in a multi-page view.
- You must disable the pop-up blocker on your web browser to accept pop-up windows from the COURTS on-line website.
- If you have to scroll left-right to see the full page, you may need to adjust your screen resolution. To modify screen resolution (also called desktop area), right-click from your main desktop and then select **Screen Resolution**. You can adjust the setting on this screen.
- You must routinely check your e-mail to receive important notices or alerts from the Division. Please note that e-mail filters used by some Internet Service Providers may classify messages from the COURTS on-line staff as Bulk Mail or Junk Mail, while others may completely prevent the delivery of our messages to you. To ensure that messages are delivered correctly to your e-mail Inbox, please add [courts@dol.state.nj.us](mailto:courts@dol.state.nj.us) to your address book.
- **We highly encourage law firms to obtain broadband internet service to avoid response time issues.**



**Important Note:** As long as one person in your firm is active as an e-filer, your firm will be considered an “E-Filing Firm”. Consequently, electronically filed legal pleadings will be sent to your firm only through the *COURTS on-line* website. Manually filed documents will continue to be sent to your firm through US Mail. Therefore, you should frequently check your Message Inbox in COURTS on-line to download the e-filed documents sent to your firm.

## E-Filing Menu:

- Subscribers (from law firms) that are activated for e-filing will see the addition of 8 new E-Filing related options available from the upper Menu item called **E-Filing**.



E-Filing Menu for Law Firms	
<b>New Claim</b>	<p>The New Claim menu item will allow you to e-file a new claim with the Division. You may choose from the following document types.</p> <ul style="list-style-type: none"> <li>• Claim Petition (<b>CP</b>)</li> <li>• Dependency Claim Petition (<b>DCP</b>)</li> <li>• Medical Claim Petitioner (<b>MCP</b>)</li> <li>• Application for Informal Hearing (<b>AIH</b>)</li> </ul>
<b>Re-Opener</b>	<p>The Re-Opener menu item will allow you to e-file an</p> <ul style="list-style-type: none"> <li>• Application/Review or Modification of Formal Award (<b>ARM</b>) with the Division</li> </ul>
<b>Answer</b>	<p>The Answer menu item will allow you to e-file an Answer document. After entering in the case-year # of the case you wish to file for, the system will automatically present the appropriate template for completion.</p> <ul style="list-style-type: none"> <li>• Answer to CP</li> <li>• Answer to DCP</li> <li>• Answer to MCP</li> <li>• Answer to ARM</li> </ul>
<b>Motion</b>	<p>The Motion menu item will allow you to e-file the following Motions:</p> <ul style="list-style-type: none"> <li>• Motion to Dismiss</li> <li>• General Motions</li> <li>• Motion for Medical &amp; Temporary Benefits</li> <li>• Motion for Emergent Medical Treatment</li> </ul>
<b>Answer to Motion</b>	<p>The Answer to Motion menu item will allow you to e-file the following documents:</p> <ul style="list-style-type: none"> <li>• Answer to Motion</li> <li>• Answer to Motion for Medical &amp; Temporary Benefits</li> </ul>
<b>Amended Pleading</b>	<p>The Amended Pleading menu item will allow you to e-file an Amended document with the Division. You may choose from the following document types.</p> <ul style="list-style-type: none"> <li>• Amended CP</li> <li>• Amended DCP</li> <li>• Amended MCP</li> <li>• Amended ARM</li> <li>• Amended Answer to CP</li> <li>• Amended Answer to DCP</li> <li>• Amended Answer to MCP</li> <li>• Amended Answer to ARM</li> </ul>
<b>Inbox</b>	<p>This will link to your Message Inbox, which is similar to an e-mail "inbox". All e-filed documents sent to your firm will appear here. From this box, you can:</p> <ul style="list-style-type: none"> <li>• view and print individual documents sent to your firm</li> <li>• delete documents that have already been printed</li> <li>• launch the Answer document template (for law firm access)</li> <li>• Filter (sort) your messages based upon the following criteria: <ul style="list-style-type: none"> <li>○ For Law Firms: Filing Date, CP #, Case Title, District Office, Insurance Carrier, and Document Type.</li> <li>○ For Carriers: Filing Date, CP #, Case Title, District Office, designated Respondent Attorney, Petitioner Attorney and Document Type.</li> </ul> </li> </ul>
<b>Draft Documents</b>	<p>Draft Documents is a temporary workspace where documents that have not been submitted to the Division can be saved and viewed later. Once the document has been submitted with the Division, it will be automatically deleted from the Draft Documents.</p>

## E-FILING – QUICK OVERVIEW

This following series of 3 events will occur when all the parties are electronic filing participants (Petitioner/Applicant Attorney, Insurance Carrier, Respondent Attorney):

### Electronic Filing of a Claim Petition

1. To begin the process of E-Filing a CP, the e-filer (petitioner attorney law firm) will click on the top menu item “E-Filing” and then select “New Claim”.
2. On the next page, the filer can choose from 4 different document types (CP, DCP, MCP & AIH). The filer will choose Claim Petition
3. Then the filer will enter the petitioner’s SSN (or check off “SSN not available”) and click on Next.
4. An interim page will appear if the following conditions are present:
  - a. If the firm previously filed a case for this same petitioner or injured worker, those cases that are in active status will be displayed in the section called “Active Cases”. Having this data displayed here may help you avoid filing a duplicate document. You can view details of that case by clicking on the hyperlinked Case #.
  - b. If the firm has already created a document for this petitioner or injured worker and that document has not yet been filed, the last saved version of that document will be displayed here. This will help you avoid creating duplicate documents, which can get confusing to manage. You have the option of selecting the earlier version of the document or creating a brand new document. In this example, there are no draft documents, so we will select Create New.
5. A CP template will appear on the screen consisting of three tabs, Party Info; Injury Details; Print and Submit.
6. The filer completes the Party Info tab with all required information.
7. Once complete, the filer will hit the “save and continue” to move on to the next tab - Injury Details
8. The filer completes the Injury Details tab with all required information.
9. Once complete, the filer will hit the “save and continue” to move on to the next tab - Print & Submit
10. Upon reaching the Print and Submit tab, the document must be viewed and printed at least once and then signed by the petitioner/applicant.
11. Once the document is viewed, then it can be electronically submitted. Upon submit of the document, the filer will receive a confirmation of the filing.
  - a. District Office and CP # are assigned automatically by the system. If the injured worker already has a case in the system assigned to a judge, the new case will be automatically assigned to the same office and judge.
  - b. CP is electronically received in the assigned WC district office and they create file.



### ...then, the System provides Electronic Notice to Respondent, Carrier and Respondent Attorney

1. *COURTS on-line* serves an electronic copy of CP to Carrier. Notice of filing appears in the Carrier InBox in *COURTS on-line*.
2. Carrier can print, individually or in batch mode, all electronically filed documents.
3. If specific Respondent Attorneys have been pre-designated by carrier, they will also receive electronic notice of CP.
4. If the carrier has not pre-designated an attorney, they have the option to assign an attorney to the case from within the Message Box. The respondent attorney will then immediately receive an electronic copy of the CP.



### ...then, Respondent Attorney receives Notice of the claim and files an Electronic Answer to Claim Petition

1. To file an Answer, respondent attorney can click on the E-Filing button on the top menu bar and select “Answer” from the drop-down list or if they have been pre-designated by the carrier, they can click on the link “Respondent’s Answer to Claim Petition” from the case listed in their InBox.
2. An Answer to Claim Petition template will appear on the screen pre-filled with data.
3. After data entry is complete, the document is Saved and Printed and then signed by the respondent attorney
4. The document can then be electronically submitted.
  - a. The filing attorney receives confirmation of the filing and will also be advised if the petitioner’s attorney and carrier are electronic filing participants.
  - b. The petitioner’s attorney and carrier will receive the Answer in their *COURTS on-line* Message Box.
  - c. The WC district office also receives the Answer electronically. Staff prints the Answer and inserts into case folder.
  - d. The Answer filing is automatically docketed in the system and the respondent attorney is added to the case as an active party.

Please note that the above flow of events is the optimal scenario where all parties on a case are e-filers.

However, Petitioner attorneys may e-file even when the carrier and their respondent attorney are not e-filers. Similarly, respondent attorneys can e-file an Answer even if it was manually filed by the petitioner attorney.

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## How to File a Claim Petition electronically - STEP BY STEP detailed PROCEDURES:

1. To e-file a Claim Petition, Hover your mouse over the **E-filing** menu item at the top of the page. Choose **New Claim** from the drop-down.



2. Then select **Claim Petition** from the list of available Claim Types for electronic filing.



3. After selecting the claim type, the fields for entry of the Petitioner's (injured Worker's) Social Security Number will appear below. Enter in the Petitioner's SSN and indicate whether the claim is being filed by another party on behalf of the injured worker. Hit **Next**.
  - a. **Note: If the Petitioner was assigned an IDN # by the Division from an earlier filing, please re-use that same number.** If the Petitioner does not have a Social Security Number or an assigned IDN, check the "SSN Not Available" box and an identifier will be assigned when the claim is submitted and accepted. Select **Next**.



4. After hitting **Next**, an interim page may appear, displaying two sections:
- Active Cases** – This section will appear if a case has already been filed on this case. If you click on the linked **Case #**, a pop-up Case Summary window will appear (as shown below in 2<sup>nd</sup> picture). You can review this information and then decide to **Cancel** or **Create New**.

Related Info for Injured Worker

**Active Cases**

One item found

Year	Case #	Case Title	Filing Date	Accident Date	Injury Description	Claim Type
2013	3081	WORKER VS STATE OF N...	01/24/2013	04/08/2011	BOTH HANDS, LEFT SHO...	CP

**Existing Draft Documents**

One item found

Draft Doc #	Case Title	Accident Date	Injury Description	Document	Last Updated	Updated By
121516	WORKER VS ACME SUPER...			CP	03/04/2014	HICKS, J

Cancel Create New

Case Details: 2013-3081

Case Title: WORKER VS STATE OF NEW JERSEY-JUDICIARY

Claim Type: CP Status: OPEN Date of Filing: 01/24/2013

Date of Accident: 04/08/2011 Notarized: YES

Occupational: NO Date of Tot Disability: Signature: YES

Injury Description: BOTH HANDS, LEFT SHOULDER AND BOTH KNEES WITH RELATED PSYCHIATRIC CONSEQUENCES

Is/was injured worker eligible for:

Medicare: NO Medicaid at time of injury: NO Medicaid after injury: NO

Liens: Related Cases: 2011-20592

Pet. Attorney: LESTER S GOLDBLATT ESQ Additional Case Type:

Resp. Attorney: DEPUTY ATTY GENERAL-DIVISION OF RISK Carrier: STATE OF NJ/DIVISION OF RISK MGMT

**Proceeding Status**

Hearing Judge: DOLORES M MCNAMEE Last Hearing Date: 11/12/2013 Last Hearing Type: MTHMT

Adj. Reason: MT Next Hearing Date: Next Hearing Type:

**Assignment**

District Office: ATLANTIC CITY Index: UNKNOWN Circle Week: Circle Day:

- Existing Draft Documents** – This section will appear if you or another person in your firm has already started data entering a CP 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.

Related Info for Injured Worker

**Active Cases**

One item found

Year	Case #	Case Title	Filing Date	Accident Date	Injury Description	Claim Type
2013	3081	WORKER VS STATE OF N...	01/24/2013	04/08/2011	BOTH HANDS, LEFT SHO...	CP

**Existing Draft Documents**

One item found

Draft Doc #	Case Title	Accident Date	Injury Description	Document	Last Updated	Updated By
121516	WORKER VS ACME SUPER...			CP	03/04/2014	HICKS, J

Cancel Create New

5. A CP data entry template will next appear on the screen in a tab format, with 3 tabs: **Party Info**, **Injury Details** and **Print and Submit**.

Claim Petition

Required Field =\*

Party Info | Injury Details | Print and Submit

Petitioner	Attorney For Petitioner
* SSN: 123-45-6789 <input type="checkbox"/> SSN Not Available * First Name: JANE * Last Name: WORKER <i>Please use actual street and town of residence</i> * Address Line1: 12 MAIN STREET Address Line2: 1ST FLOOR * City: TRENTON * State: NEW JERSEY * Zip Code: 08611 * Country: UNITED STATES * Date of Birth: 01/01/1965 Gender: Female	Tax Id: * Company Name: LESTER S GOLDBLATT ESQ * Address Line1: 42 BRIDGE ST Address Line2: * City: METUCHEN * State: NEW JERSEY * Zip Code: 08840 Area Code Phone Extension * Telephone No: 732 - 7671300 Area Code Fax Number Fax: 732 - 7671040
VS * Name: * Address Line1: Address Line2: * City: * State: NEW JERSEY * Zip Code: * Country: UNITED STATES If Employer known by different name, please indicate below * Insurance Type: INSURED	Insurance Carrier/Administrator <i>Search for carrier/TPA here. If self insured, please select the name of the employer</i> * Name: * Address Line1: Address Line2: * City: * State: NEW JERSEY * Zip Code: Carrier Claim Number: From Date: To Date: Add Additional Carrier

Clear Cancel Save and Continue

## 6. PARTY INFO:

- a. **Petitioner/Injured:** Complete all the required fields in this section (denoted by an asterisk) If your firm is an active attorney on another case for this petitioner, the petitioner's current name, address, date of birth and gender will be pre-filled in the template. You can make any corrections and/or updates to this information.

Petitioner

\* SSN: 123-45-6789  SSN Not Available

\* First Name: JANE

\* Last Name: WORKER

*Please use actual street and town of residence*

\* Address Line1: 12 MAIN STREET

Address Line2: 1ST FLOOR

\* City: TRENTON

\* State: NEW JERSEY

\* Zip Code: 08611

\* Country: UNITED STATES

\* Date of Birth: 01/01/1965 Gender: Female

- The system will check the SSN/date of birth combination you have entered against our database. If we have this SSN in our system but with a different date of birth, you will get an alert message upon saving this document. Please check with your client to ensure that you have the correct spelling of their name, their SSN and date of birth.
- The system will also validate the accuracy of all zip code/municipality combinations. To avoid errors, use the Municipality/Zip code lookup widget (the button with the three dots...). In the widget, you can enter a city name and hit **search**, and you will see a list of all zip codes we have in our system for that city or you can enter a zip code, hit **search** and you will see the names of the cities we have in our system for that zip code. If you find what you are searching for, click on the **link** and your selection will display above the search results showing what you have selected and then you must then hit **OK**. Your selection will prefill the city and zip code fields into the form.

**\*\*Note** – In either the petitioner or respondent section, if you cannot find the zip code – municipality combination from the search widget or if you get an error upon saving the CP form, please confirm your zip code by going to the US Postal service website (<http://www.usps.gov>) and then clicking on the “Find the Zip Code” link. Type in the full address on this page and the USPS will provide you with all the valid zip codes for that address. If the zip code-combination you were searching for is found at the US Postal Service website, you will need to contact the Division at (609) 777-4921 or (609) 292-2556 or you can e-mail [courts@dol.state.nj.us](mailto:courts@dol.state.nj.us). Please provide us with the complete mailing address.

Save the document you are working on. We will confirm the data and make the updates to our city/zip code table if warranted. Someone from the Division will contact you after the entry has been added to the table so that you can continue with the filing.

- All date fields, unless otherwise noted, must be formatted as mm/dd/yyyy

- b. **Petitioner Attorney:** Your firm's name and registered address will be pre-filled in the Petitioner's Attorney block

- 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.

c. **Employer/Respondent:**

- Complete all required fields in this section :

- The system will validate the accuracy of zip code/municipality combinations. To avoid errors, use the Municipality/Zip code lookup widget (the button with the three dots...)
  - Indicate insurance type by selecting from the Insurance Type dropdown. It defaults to **Insured** but you may also select: Self Insured Government Entity, Self-Insured Private Entity, Uninsured or Unknown.
    - “Unknown” is to be selected when you are certain there is coverage for the employer but you do not have confirmation of the identity of the carrier at this point.
    - If the respondent is uninsured, Select “Uninsured” in the Insurance Type dropdown in the respondent block. The insurance carrier block will then pre-fill with UNINSURED. This will result in the Claim Petition being served on the respondent. Additionally, that Claim Petition will be referred to the Uninsured Employers Fund office for further investigation and processing. Please note that prior to filing the claim as an “Uninsured”, you must confirm coverage for the respondent at the Compensation Rating & Inspection Bureau website. They maintain an updated database of all workers’ compensation policies ([www.njcrib.com](http://www.njcrib.com)).
    - If you select Insurance Type as Insured, Self-Insured Government Entity or Self-Insured Private Entity, continue to the **Insurance Carrier** section.

**Optional Flow (how to add Corporate Officers):**

- If you select Uninsured from the Insurance Type drop-down, the Insurance Carrier on the case will default to “Uninsured”. It will also allow you to add one or more corporate officers by clicking the **Add** button.

- After clicking the **Add** button in the Employer section, an “Additional Respondent” widget will pop up, as shown below.
- Enter in the Name of the Corporate Officer and the address. If the address is the same as the Employer, place a check in the “**Address same as Employer**”. It will copy the employer address into the address space in this section.

- Hit the **Save** button to add this entry to the list. You can continue adding multiple corporate officers to the case if required. Hit **Close** when you are done.

- The added corporate officer(s) will be displayed underneath the Employer section as shown above:

d. **Insurance Carrier:**

- Complete this section by searching for a carrier from the Division’s table of carriers (by clicking on the search widget, the button with the 3 dots). If **Uninsured** was selected earlier in the Respondent section, the carrier will default to Uninsured.

**Note:** All of the insurance carriers listed with the Compensation Rating and Inspection Bureau are in our insurance carrier search table with addresses that the carriers have given to us for delivery of claim petitions. Our table also contains the names and addresses of the authorized self-insured employers, municipalities, counties and governmental entities.



**How to Search for an Insurance Carrier or a Self-Insurer from our search tables:**

- After clicking on the **Search** button (the button with the three dots...), an Insurance Carrier widget will pop-up, as shown.

**Search Insurance Carriers**

Carrier Name  
Contains | LIBERTY MUTUAL | Search

If Carrier is Unknown, please check

**Search Results**  
3 items found, displaying all items

IDN	Carrier Name	Address	Phone Number
2	UNLISTED	NJ	
358	LIBERTY MUTUAL FIRE INS	7 BECKER FARM RD, ROSELAND, NJ, 07068	800-900-4875
134	LIBERTY MUTUAL INS	7 BECKER FARM RD, ROSELAND, NJ, 07068	732-560-0747

1) If you find the company you're searching for but with a different address than what your records show, select the company from the list. Once you're back in the template, you can change the address to one you wish to use for this filing.  
2) If you cannot find the company at all, please select 'Unlisted'. Once you're back in the document template, you can key in the name of the company and their mailing address in the appropriate fields.

- Here you can type in the name of the insurance company or self-insured employer that you are searching for (full or partial). You can search for the name by using any of the following search options: “starts with”, “contains” or “ends with”. The system defaults to “contains”.
- If you cannot find the name of the company, please search again by modifying your search query. For example, instead of searching for the “Division of Risk Management”, you may want to just search for “Division”; instead of searching for “A.B.C. Insurance”, try searching for “ABC Insurance” or “A B C Insurance” or just simply “ABC”.
- If you find the company you were looking for, click on the hyper-linked IDN and your selection will display above the search results in the “**You have Selected**” section.
  - If there are no name matches, you will need to use the [Unlisted](#) option (see section below). \*\* Only use this option if the company name is not in our database, not if an address doesn't match.

**Search Insurance Carriers**

Carrier Name  
Contains | LIBERTY MUTUAL | Search

If Carrier is Unknown, please check

**You Have Selected**  
Carrier Name  
LIBERTY MUTUAL INS | OK

**Search Results**  
3 items found, displaying all items

IDN	Carrier Name	Address	Phone Number
2	UNLISTED	NJ	
358	LIBERTY MUTUAL FIRE INS	7 BECKER FARM RD, ROSELAND, NJ, 07068	800-900-4875
134	LIBERTY MUTUAL INS	7 BECKER FARM RD, ROSELAND, NJ, 07068	732-560-0747

1) If you find the company you're searching for but with a different address than what your records show, select the company from the list. Once you're back in the template, you can change the address to one you wish to use for this filing.  
2) If you cannot find the company at all, please select 'Unlisted'. Once you're back in the document template, you can key in the name of the company and their mailing address in the appropriate fields.

- Hit **OK**, after which you will be brought back to the main CP template. You will see the selected Carrier Name and Address pre-filled in the document. You can change the way the address appears on your document by simply overwriting the address text in the form.

**Insurance Carrier/Administrator**

Search for carrier/TPA here. If self insured, please select the name of the employer

\* Name: LIBERTY MUTUAL INS ...

\* Address Line1: 7 BECKER FARM RD ?

Address Line2:

\* City: ROSELAND ...

\* State: NEW JERSEY

\* Zip Code: 07068 - ...

Carrier Claim Number: wc2013-12345

From Date: 01/01/2014 ?

To Date: 01/01/2015 ?

Add Additional Carrier

Clear Cancel Save and Continue

**How to Add Additional Carriers (this example, carrier will be an Unlisted carrier):**

- If you wish to add additional carriers, hit the **Add Additional Carrier** button. In this example, we will be adding another carrier through the **Unlisted** option.
- Just like before, type in the name of the carrier or self-insurer you are looking for.
- Partial name is best to get the widest search results. Hit **Search**.
- The results, if any, will be displayed along with the registered address of this company.

The first screenshot shows the search interface with 'acme insurance' entered in the search field. The second screenshot shows the search results table:

IDN	Carrier Name	Address	Phone Number
2	UNLISTED	NJ	

- If you cannot find the insurance carrier or a self-insured employer/govt. entity in the results, and you have exhausted all the various search options, there is an option to select **“Unlisted”**, which is the first record in the search results. Click on the **Unlisted (IDN 2)** link provided.
- A blank entry form will appear. Enter in the Name and Address of the insurance company. Carrier Claim # and dates of coverage are not required, but are helpful.
  - **Note:** If the respondent is a self-insured company, you should enter the name of the self-insurer in the carrier field. Please do not type in **“self”** or **“serve directly”** in the Name field as our system does not recognize this.

The form contains the following fields:

- IDN: 2
- Name: ACME INSURANCE CO.
- Address Line 1: 1 RT 1000
- Address Line 2: (empty)
- City: TRENTON
- State: NEW JERSEY
- Zip Code: 08625
- Carrier Claim Number: WC13-6543
- From Date: (empty)
- To Date: (empty)

- After you are done entering in the information, Hit **Add** and then the **Close** button.
- This **“Unlisted”** carrier will be added to the carrier list for this filing, as shown below.
  - **Note:** Once this Claim Petition is submitted and accepted, Division staff will do a further **review** of the name and address of the **“unlisted”** carrier/self-insurer and determine whether it should be added to the Division’s carrier listing. In some instances, if it’s determined that the **“unlisted”** company entered on the document is not a legitimate insurance carrier or self-insurer, the carrier will be changed to an **Unknown** carrier and the case will be referred to the UEF for additional investigation.

The 'Additional Carrier List' table is as follows:

Name	From Date	To Date	Select to Delete
ACME INSURANCE CO.			<input type="checkbox"/>

- e. Once the Party Info tab is complete, click the **Save and Continue** button at the bottom of the page, or simply click on the **Injury Details** tab at the top to move on to that tab.
- **Note:** When you move from tab to tab, all information entered will be automatically saved and the system will run through validation checks to see if the data entered is formatted correctly. If you wish to end your session at this point, you may do so without losing your data.
  - If there are errors, you will be informed with a warning message on the top of the form, as shown below (**Party Info – 1 Error**). You can go back to the tab to correct the error at any point prior to submitting the document.

The screenshot shows the 'Claim Petition' form in the 'PARTY INFO' tab. A red circle highlights the message 'Party Info=1 Error' at the top of the form. The case title is 'WORKER VS ACME TRANSPORTATION' and the draft document number is '121517'. The 'Date of Accident or Injury' field is marked with an asterisk, indicating it is a required field.

## 7. INJURY DETAILS:

- a. This is the main part of the claim petition form. Complete all required fields as denoted by the asterisks.

The screenshot shows the 'Claim Petition' form in the 'INJURY DETAILS' tab. The case title is 'WORKER VS ACME TRANSPORTATION' and the draft document number is '121517'. The form contains several required fields marked with asterisks: 'Date of Accident or Injury', 'Occup. Disease', 'Where Injury Occurred', 'How Injury Occurred', and a large text area for 'Describe EXTENT AND CHARACTER OF INJURY'. Other fields include 'Date Stopped Work', 'Date Returned to Work', 'Date Inj. Reported', 'Injury Reported to Whom', 'Occupation and Type of Work', 'Wage Period', 'Gross Wages', 'Rate of Temp. Comp', 'Wks Temp. Dis. Paid', 'Temporary Disability Paid', 'Perm. Dis. Paid', and 'Employer Furnished Medical Aid'. There are also checkboxes for 'Demand is hereby made for answers to standard occupational disease interrogatories' and 'Demand is hereby made for all records of medical treatment, examinations and diagnostic studies'. The form includes a character counter for the injury description (3501 characters used) and buttons for 'Clear', 'Cancel', and 'Save and Continue'.

- b. **Date of Accident or Injury: Required.** Data can be formatted in any of the following formats: mm/dd/yyyy, mm/yyyy or yyyy.
- c. **Describe extent and character of injury: Required.** You can enter up to 350 characters in this field. Spaces between words, punctuation marks and carriage returns count as characters. There will be a character counter below this field that counts down the number of characters used. When you reach 350 characters, you will be prevented from entering any additional characters. You should check how the form looks through "Save and Print" to ensure that formatting and data is acceptable.
- d. **Date Stopped Work / Date Returned to Work / Date Injury Reported:** These are not required fields but if you wish to enter information in these fields, they must be formatted as "mm/dd/yyyy". You cannot enter in text, such as "NCLT", "TBS", "To Be Supplied", "Never Returned to Work", etc. If you wish to provide such information, you can enter this additional text in the free form space called "What other facts are there that you believe important."
- e. **Monetary amounts—gross wages, rate of compensation, temporary disability paid, permanent disability paid:** The maximum amount that can be entered in any of these fields is 99999999.99. It is not necessary to enter any cents. If these amounts are whole dollars, just enter the dollar figure. For example, if the gross weekly wages are \$700.00, enter 700. **Do not enter a dollar sign.** Aside from the maximum number of characters, the system is not doing any editing or calculations of amounts.

- **Note:** The **Temporary Disability Paid** field accepts numerical values or a selection from a drop-down with the following values (Adeq. As Paid, Continuing, Full Salary, NCLT) . .
- For any of the monetary amount fields, if nothing has been paid, you should enter in 0. You can leave these fields blank, but by doing so, an assumption may be made that the data will be provided at a later date
- f. **Demand for answers to standard OD interrogatories and Demand for Medical Information:** A check in the provided checkboxes serves as the actual Demand. No need to submit the Demands separately.
  - g. **Three Medicare/Medicaid questions: Required**
  - h. **What other facts are there that you believe important?:** This is a text block similar to the injury description block. It is limited to 3000 characters. There will be a character counter below this field that counts down the number of characters used. When you reach 3000 characters, you will be prevented from entering any additional characters. This block will expand with the number of characters entered so it is possible to have a 3 page form if the full 3000 characters are used. You should check how the form looks through "View and Print" to ensure that formatting and data is acceptable.

- i. Hit **Save and Continue** when you have completed this section and this will take you to the **Print and Submit** tab.
  - All information entered will be automatically saved and the system will run through validation checks to see if the data entered is formatted correctly. If you wish to end your session at this point, you may do so without losing your data.

**8. PRINT AND SUBMIT:**

- a. Hit the **View & Print** button when you are ready to print the form for the Petitioner’s signature and notarization. You are required to retain the signed and notarized copy of the Claim Petition in your files as you may be asked to present the document in court.

- b. The Claim Petition will come up as an Adobe pdf document in a new Internet window or tab. Depending upon your Internet settings, the new web page may come up in the minimized view or in another tab. If that's the case, to open the new window, just click on the page from the task bar at the bottom of your PC window or on the new tab. You can then select the "print" button available on your Internet Browser to print the document.
- **Note:** You will not have the ability to view and print the document if there are any errors within the document (i.e. missing required data or improperly formatted data. If any error(s) exist, they will be displayed at the top of the form. You must go back and correct the errors or delete the data altogether, save the document and then the **View and Print** button will become available.)
- c. After the claim petition has been printed, signed and notarized, you may submit the claim. Hit the **Submit** button.

- d. You will be asked "Has the latest version of this document been printed and signed", in order to submit, you must hit **OK**.

- e. After the claim has been successfully filed with the Division, you will receive a confirmation page displaying the case number, case title, assigned district office and judge, if available.

- f. You can print this confirmation page by hitting your browser print button.
- g. The final e-filed version of the document will be available for viewing and printing by clicking on the **View Filed Document** on the confirmation screen. This document will also be available for viewing and printing from the case folder as well.

**YOU ARE NOW DONE WITH E-FILEING A CLAIM PETITION!**



## Case lookup of the newly filed CP:

The filing that was done above will be stored in the system. It will be available for viewing and printing at all times from the case.

- Go to the Case Search screen and type in the CP #. Hit **Search**.
- From the search results, click on the linked [Year-Case/Filing Date](#).

Search Case

Year	Case Number	Carrier
2014	12	

Search Results

SSN	Year-Case# / Filing Date	Case Title	Case Type	Case Status	Next Hearing Date	District Office/Judge	Closing Date	Accident Date
***-**-2312 (P)	2014-12 03/04/2014	WORKER VS ACME TRANSPORTATION	CP	O		ATLANTIC CITY UNKNOWN		01/02/2013

- You will be brought to the case folder of the new case.

Case Detail for WORKER VS ACME TRANSPORTATION; CP#: 2014-12; Office: ATLANTIC CITY (0)

Case Summary | Liens | Related Cases

Case Details: 2014-12

Case Title:	WORKER VS ACME TRANSPORTATION		
Claim Type:	CP	Status:	OPEN
Date of Filing:	03/04/2014		
Date of Accident:	01/02/2013	Notarized:	N/A
Occupational:	NO	Signature:	N/A
Injury Description:	injured lower back and right hip		
Date of Tot Disability:			
Is/was injured worker eligible for:			
Medicare:	NO	Medicaid at time of injury:	NO
		Medicaid after injury:	NO
Liens:	Related Cases: 2011-20592 (More)		
Pet. Attorney:	LESTER S GOLDBLATT ESQ	Additional Case Type:	
Resp. Attorney:	NO ATTORNEY	Carrier:	LIBERTY MUTUAL INS (More)

Proceeding Status

Hearing Judge:	Last Hearing Date:	Last Hearing Type:
Adj. Reason:	Next Hearing Date:	Next Hearing Type:

Assignment

District Office:	ATLANTIC CITY	Judge:	UNKNOWN	Cycle Week:		Cycle Day:	
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## Servicing /Messaging Rules:

Upon filing a Claim Petition, the COURTS on-line system provides Notice to the Respondent/Insurance Carriers as follows:

- If you have filed a CP with a carrier/self-insurer selected from the search table, we will serve the carrier or self-insurer:
  - manually via US Mail if they are not e-filing subscribers or
  - electronically if they are e-filers.
    - Notice of filing will appear in the Carrier's **Message Inbox** in COURTS on-line (*see section below*).
    - Carrier can print, individually or in batch mode, all electronically filed documents.
    - If specific Respondent Attorneys have been pre-designated by carrier, they will also receive electronic notice of CP.
    - If the carrier has not pre-designated an attorney, they have the option to assign an attorney to the case from within the Message Box. The respondent attorney will then immediately receive an electronic copy of the CP.
- If you have filed a CP using the "Unlisted" carrier option, we will serve the carrier if we are able to reconcile the name of the "Unlisted" carrier. Otherwise, we will serve the Employer directly.
- If you have filed a CP with the "Uninsured" or the "Unknown carrier" option, we will serve a copy of the filing on the Employer directly, along with any corporate officers, if applicable. The Uninsured Employer's Fund will also be notified of this filing so that they can investigate insurance coverage for the employer.

## Managing your Message Inbox

Upon filing a Claim Petition, the COURTS on-line system will serve an electronic copy of the CP to the Carrier(s) if they are e-filers. Notice of the filing will appear in the Carrier's **Message InBox** in COURTS on-line.

1. The message Inbox is similar to an e-mail in-box. When a document is electronically sent to your firm, a message relating to that document will appear in the Inbox. The message has the link to the e-filed document and also a link to the case folder itself. The Inbox is a multi-functional tool that if used effectively, can help firms monitor electronically filed cases.
2. You can access the Inbox from the left menu, the top menu under E-Filing and from the home page itself.
3. If your firm does purely petitioner's work, the only messages you will receive are those that relate to e-filed Answers to Claim Petitions (or similar) documents and Motions. If your firm does purely respondent work, the only messages you will see are e-filed claim petitions (and similar documents) that have been forwarded to you by an insurance carrier and Motions.
4. The messages for claim petition type documents will be automatically removed from your Message Box when the corresponding Answer document has been filed. You have the option of manually deleting the remaining messages that have not been automatically deleted by the system
5. From your Message Inbox, you also have the option of printing individual e-filed documents, filtering your messages and printing a list of your messages.
  - a. **Printing individual documents:** To view and print a single e-filed document, go to the related Message in the Message Box and click on the linked document under the column called "**Messages**".
    - The document will come up as an Adobe pdf document in a new Internet window or tab. Depending upon your Internet settings, the new web page may come up in the minimized view or in another tab. If that's the case, to open the new window, just click on the page from the task bar at the bottom of your PC window or on the new tab. You can then select the "print" button available on your Internet Browser to print the document.
  - b. **Filter Messages:** By clicking on the **Filter** Message button, you will be presented with a search screen where you can select different criteria to search for specific messages. You can search for messages by the following: **Case Number, Case Title, Date Range, District Office, Insurance Carrier and Message.**
    - Hit **Search** and you will get the listing of messages that match your search criteria. You also have the option of have your messages sorted in a particular order: by clicking on any of the column headings in your search results, they will be sorted in order of that column.

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## How to File an Amended Claim Petition electronically - STEP BY STEP detailed PROCEDURES:

### Prerequisites for e-Filing an Amended Claim Petition:

- Filing attorney must be the current active petitioner attorney
- The case must be in (O) Open status

### Restrictions for e-filing an Amended Claim Petition:

- The case in question cannot have an unresolved "Unlisted" carrier on the case or an unassigned district office assignment. Typically it takes 1-2 days from the date of filing for the technical support unit to resolve an **Unlisted** carrier record or office assignment issue. If you get such an error, please wait. If you need to get this amended filing submitted immediately, you may contact the Division's help desk at 609-292-2556.

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### STEP BY STEP PROCEDURES:

The flow for E-filing an **Amended Claim Petition** is very similar to that of E-Filing a Claim Petition. Please become familiar with the basic procedures.

1. Open up the Amended Claim wizard from the top menu under E-Filings. Select **Amended Pleading** and then **Claim**.



2. Enter in the Year and Case number of the case and hit **Search**.



3. If the CP # is valid and the case is eligible for an Amended Claim to be filed, the correct template will be displayed. (**Note:** The system will know, based on the case number, what type of amended template to display (CP, DCP, MCP)

The first tab in the template is **Party Info**, followed by the **Print and Submit** tab.

The Party Info tab has 4 sections displayed:

- Petitioner (and a button to launch another tab which displays filing party information i.e. Guardian)
- Attorney for Petitioner
- Employer (this may also list corporate officers, if there are any)
- Carriers

**Note: The data that will pre-fill the 4 party sections will come from the latest data we have on the case.**



Hello, JAMES HICKS  
LESTER S GOLDBLATT ESQ  
Today is CW: 3 CD: 2

**COURTS on-line**  
NJ DIVISION OF WORKERS' COMPENSATION

E-Filing Inquiries Reports

Logout

**Amended Claim Petition**

Required Field =\*

Party Info Injury Details Print and Submit

WORKER VS ACME TRANSPORTATION Case #: 2014-12

**Petitioner**

\* SSN: 123-45-6789  SSN Not Available

\* First Name: JANE

\* Last Name: WORKER

Please use actual street and town of residence

\* Address Line1: 12 MAIN STREET

Address Line2: 1ST FLOOR

\* City: TRENTON

\* State: NEW JERSEY

\* Zip Code: 08611

\* Country: UNITED STATES

\* Date of Birth: 01/01/1965 Gender: Female

Add Filing Party

**Attorney For Petitioner**

Tax Id:

\* Company Name: LESTER S GOLDBLATT ESQ

\* Address Line1: 42 BRIDGE ST

Address Line2:

\* City: METUCHEN

\* State: NEW JERSEY

\* Zip Code: 08840

\* Telephone No: 732 - 7671300

Fax: 732 - 7671040

**VS**

**Employer**

\* Name: ACME TRANSPORTATION

\* Address Line1: 1 MAPLE DRIVE

Address Line2:

\* City: TRENTON

\* State: NEW JERSEY

\* Zip Code: 08607

\* Country: UNITED STATES

If Employer known by different name, please indicate below

\* Insurance Type: INSURED

**Carrier List**

The following carriers/self-insurers will be included in this filing.

Name	From Date	To Date	Delete	Primary
<a href="#">LIBERTY MUTUAL INS</a>			<input type="checkbox"/>	<input checked="" type="checkbox"/>
<a href="#">ACME INSURANCE CO.</a>			<input type="checkbox"/>	<input type="checkbox"/>

Add Carrier

Clear Cancel Save and Continue

- **Party Info tab - Petitioner:**
  - a. You may choose to update any of the petitioner information.
  - b. If the Amended CP is being filed by another party other than the petitioner (i.e. Guardian, etc..), hit the button called **Add Filing Party**. This will open up the **Filing Party** tab.
    - o Enter in new data or update the existing data.
    - o If you wish to remove the existing party, hit the **Remove Filing Party** button. This will take you back to the Party Info tab.
    - o Hit **Save & Continue** when completed to save your changes. This also will take you back to the Party Info tab.
  
- **Party Info tab - Attorney for Petitioner:**
  - a. 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.**
  
- **Party Info tab – Employer/Respondent**
  - a. You cannot change the Name of the Respondent but you can update their address.
  - b. If the case is an Uninsured Case and active corporate officers exist, they will also be displayed in this section. You can edit. Delete, or add additional.
  
- **Party Info tab - Carrier List**

All the current active carriers for the selected Respondent will be displayed in the Carrier List. You can delete a carrier, edit a carrier or add a carrier.

  - a. To **Delete** an existing carrier – place a check in the checkbox under the **“delete”** column. Upon filing, the selected carrier will be inactivated on the case. The carrier will be notified of this change. (**Note:** you will not be given the option to delete if there are no other active carriers on the case. You must either add a new carrier or indicate the respondent is Uninsured, before deleting the only carrier on the case).
  - b. To **Edit** data pertaining to an existing carrier, click on the linked **Name**. This will allow you to edit the address as it will appear on the form, add/edit the carrier claim number and the dates of coverage if necessary.
  - c. If you wish to **Add** another carrier with this amended filing, hit the **Add Carrier** button and search for the new carrier.
    - o The **Search Insurance Carrier** widget will appear. 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 **Add** button to add the carrier to the carrier list and then the **Close** button to close the search widget.

- o If you Added a carrier in error from the above step, you can remove it by simply checking off the checkbox that appears under the **Delete column**.
- d. You can indicate or change the Primary carrier for this filing by placing a check in the check box under the Primary heading (this is the carrier that will be listed in the main page of the printed document). Any additional carriers listed here will appear in a separate supplemental page on the filing.
- e. Verify all the information on all 4 sections of the Party tab and then proceed to the next tab by hitting the **Save & Continue** at the bottom of the page. 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.
- f. After you **Save & Continue**, you will be taken to the Injury Details tab.

The screenshot shows the 'Amended Claim Petition' form in the 'COURTS on-line' system. The form is for 'WORKER VS ACME TRANSPORTATION' (Case #: 2014-12, Draft #: 121519). The form is divided into several sections:

- Party Info:** Includes fields for Date of Accident or Injury (01/02/2013), Occup. Disease (No), Where Injury Occurred (at Newark Airport), and How Injury Occurred (lifting up suitcases).
- Injury Details:** Includes a text area for 'Describe EXTENT AND CHARACTER OF INJURY: If there has been amputation or disability to any member or impairment of any physical function, explain fully' (injured lower back and right hip).
- Work Information:** Includes Date Stopped Work (01/02/2014), Date Returned to Work, Date Inj. Reported (01/02/2014), Injury Reported to Whom (Robert Jones - mngr.), Occupation and Type of Work (driver), Wage Period (WEEKLY), and Gross Wages (\$700.00).
- Financial Information:** Includes Rate of Temp. Comp (\$490.00), Wks Temp. Dis. Paid (0), Temporary Disability Paid (\$ OR TBD), and Perm. Dis. Paid (\$).
- Medical Information:** Includes Employer Furnished Medical Aid (No).
- Legal Information:** Includes checkboxes for 'Demand is hereby made for answers to standard occupational disease interrogatories' and 'Demand is hereby made for all records of medical treatment, examinations and diagnostic studies'. It also includes questions about Medicare and Medicaid eligibility.

#### 4. Injury Details:

- a) Once you get to this tab, the system will check the data on the Party Info tab to see if there are any errors.
- b) If there are errors, you will be informed with a warning message on the top of the form. You can go back to the tab to correct the error at any point prior to submitting the document.
- c) The data in the **Injury Details** tab will be pre-filled as follows:
  - If the last CP or Amended CP was filed electronically, all the data from your last filing will be completely returned to you.
  - If the filing was done manually, you will get partial information pre-filled into the form (that our data entry staff captured from your filing). You will also get a prompt as follows ""This form presents data entered by the Division. Please check for accuracy and completeness.""
- d) Update the entry form as necessary. Fields denoted with an asterisk are required.

**In this example of filing an Amended Claim Petition, we have changed the date of injury, date stopped work, date injury reported and gross wages.**

Hello, JAMES HICKS, LESTER S GOLDBLATT ESQ  
 Today is CW: 3 CD: 2  
 E-Filing Inquiries Reports  
**Amended Claim Petition** Required Field =\*  
 Party Info Injury Details **Print and Submit**  
 WORKER VS ACME TRANSPORTATION Case #: 2014-12, Draft #: 121519  
 DATE OF Accident or Injury: 01/04/2013 Occup. Disease: No  
 Where Injury Occurred: at Newark Airport How Injury Occurred: lifting up suitcases  
 Describe EXTENT AND CHARACTER OF INJURY: If there has been amputation or disability to any member or impairment of any physical function, explain fully.  
 injured lower back and right hip.  
 Characters left: 317  
 Date Stopped Work: 01/04/2014 Date Returned to Work: Date Inj. Reported: 01/04/2014 Injury Reported to Whom: Robert Jones - mgr.  
 Occupation and Type of Work: driver Wage Period: WEEKLY Gross Wages: \$750.00  
 Rate of Temp. Comp: \$525.00 Wks Temp. Dis. Paid: 0 Temporary Disability Paid: \$0 OR Select Perm. Dis. Paid: \$  
 Employer Furnished Medical Aid: No  
 Demand is hereby made for answers to standard occupational disease interrogatories. [N.J.A.C.12:235-3.8(F)]  
 Demand is hereby made for all records of medical treatment, examinations and diagnostic studies. [N.J.A.C. 12:235-3.8(c)]  
 Are you Medicare eligible or a Medicare beneficiary? No  
 Were you eligible for Medicaid benefits at the time of the work injury? No  
 Did you become eligible for Medicaid benefits after the work injury? No  
 What other facts are there that you believe important?  
 Characters left: 3501  
 Clear Cancel Save and Continue

e) After you are done with this page, hit **Save & Continue**. You will be taken to the **Print & Submit** tab.

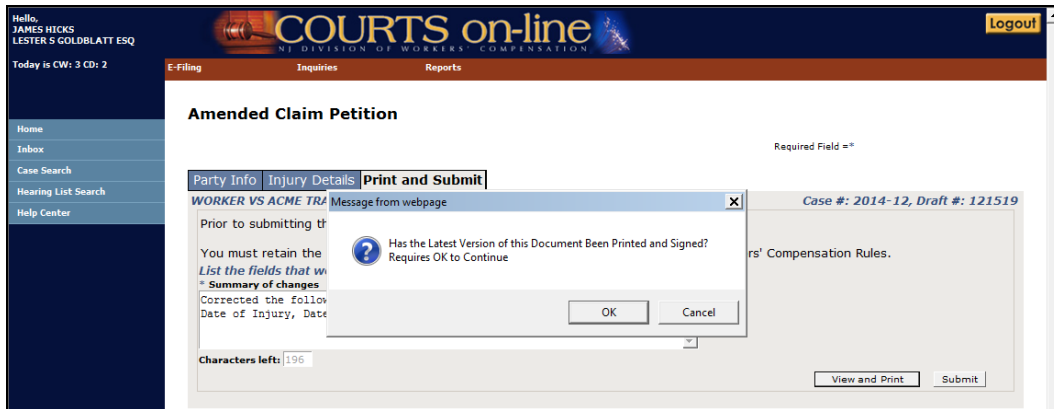
## 5. PRINT & SUBMIT:

- Once you get to this tab, the system will check the data on the prior tabs to see if there are any errors.
- If there are errors, you will be informed with a warning message on the top of the form. You can go back to the tab to correct the error at any point prior to submitting the document.
- Complete the following field: **“List the fields that were amended through this filing”**. (Example: **“Updated the petitioner’s address and also corrected the Medicare question from NO to YES.”**). See the following example:

Hello, JAMES HICKS, LESTER S GOLDBLATT ESQ  
 Today is CW: 3 CD: 2  
 E-Filing Inquiries Reports  
**Amended Claim Petition** Required Field =\*  
 Party Info Injury Details **Print and Submit**  
 WORKER VS ACME TRANSPORTATION Case #: 2014-12, Draft #: 121519  
 Prior to submitting this document to the Division, it must be printed and signed.  
 You must retain the signed document in your records as required by the Division of Workers' Compensation Rules.  
 List the fields that were amended through this pleading.  
 Summary of changes:  
 Corrected the following fields:  
 Date of Injury, Date Stopped Work, Date Injury Reported and Gross Wages  
 Characters left: 194  
 View and Print

- Hit the **View & Print** button when you are ready to print the form for the Petitioner’s signature and notarization. You are required to retain the signed and notarized copy of the Amended Claim Petition in your files as you may be asked to present the document in court.
    - The Amended Claim Petition will come up as an Adobe pdf document in a new Internet window or tab.
- Note:** You will not have the ability to view and print the document if there are any errors within the document (i.e. missing required data or improperly formatted data. If any error(s) exist, they will be displayed at the top of the form. You must go back and correct the errors or delete the data altogether, save the document and then the View and Print button will become available.)

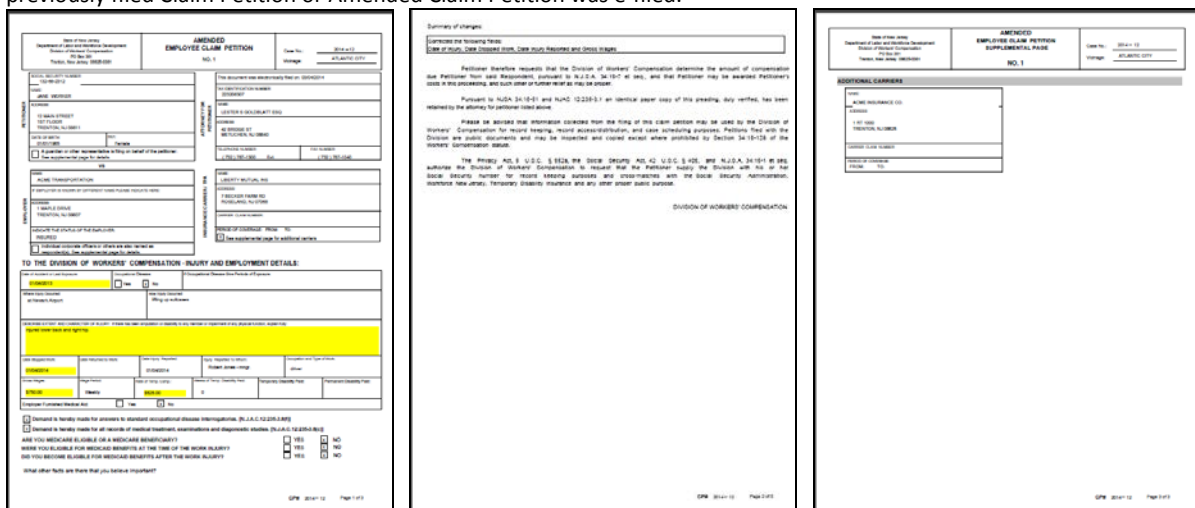
- e) Review the form for accuracy and then print it and have your client sign it. **Retain this signed document in your files.**
- f) After the document has been printed, the **Submit** button will appear on the lower right hand side of the data entry template. If you are ready to file this document, hit the **Submit** button. Answer **OK** to the prompt that comes up asking "Has the latest version of the document been printed and signed?".



- g) Upon submit, the system will remove the corresponding draft document from the **Drafts** folder. You will get a confirmation message that the filing was successful.



- h) You can view the "filed" version of this document (with the date stamp of filing) by hitting the **View Filed Document** button on this screen. You can print and save this document if wish. You can also view the document at any time by going into the case through **Case Search**, going to the **Documents** tab and finding the document in the list. A link to the document is provided there as well.
- i) The following is the filed Amended Claim Petition. The changes submitted with the Amended filing will be highlighted in **yellow** if the previously filed Claim Petition or Amended Claim Petition was e-filed.



**Note:** If the Amended filing **inactivated** any Corporate Officers, Carriers, Dependents and/or Guardians, their names will be listed on the Supplemental Page along with an indicator that they were "**Removed from Pleading**".

**YOU ARE DONE WITH E-FILEING AN AMENDED CLAIM PETITION.**

