

State of New Jersey
Department of Labor and Workforce Development
DIVISION OF WORKERS' COMPENSATION
WC-7 (12-07 interactive)

NOTICE OF MOTION

CASE NO'S.:

VICINAGE:

PETITIONER	NAME:
	ADDRESS:

ATTORNEY FOR PETITIONER	TAX IDENTIFICATION NUMBER
	NAME:
	ADDRESS:
	TELEPHONE NUMBER (AREA CODE):

VS

RESPONDENT	NAME:
	ADDRESS:
ATTORNEY FOR RESPONDENT	NAME:
	ADDRESS:
	TELEPHONE NUMBER (AREA CODE):

INSURANCE CARRIER	NAME :	<input type="checkbox"/> SELF-INSURED	<input type="checkbox"/> NOT-COVERED
	ADDRESS:		
	CLAIM NUMBER:		

TO: _____

(ADDRESS)

Please take Notice that on a date to be set by the Court, the undersigned will move for the following relief:

Movant will rely upon the following in support of this motion:

Dated: _____

Attorney for