



State of New Jersey

DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
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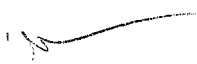
JON S. CORZINE
Governor

DAVID J. SOCOLOW
Commissioner

MEMORANDUM

February 5, 2008

To: All Judges and Attorneys

From: Peter J. Calderone, Director and Chief Judge 

Subject: Second Injury Fund Cases

In 2007, 1,838 second injury fund cases were closed. This number was well above the average for previous years of 1,292 closures. Further, open Second Injury Fund petitions were reduced from 4,597 in January 2007 to 4,102 in January 2008. The redistribution of lists, the change in the Medicare recovery contractor, procedural requirements and other measures have had a beneficial impact on the movement of Fund cases.

In discussions with the Bar Association, Second Injury Fund counsel and others, Administrative Supervisory Judge Virginia Dietrich and several attorneys have devised the attached sheet which lists relevant information for the review of Second Injury Fund cases. We are suggesting that attorneys be familiar with the sheet listings and be prepared with the relevant information to facilitate Second Injury Fund conferences. An attorney at his or her option may, of course, fill out the sheet and distribute the sheet to conference participants. It may be helpful for judges to go over the sheet at conferences where it has not been filled out in advance. A party who cannot supply available information may be asked to return on another day or wait until attorneys who are prepared have completed their conferences. The sheet, which will be available on our website in the forms section, is intended as a conference preparation tool to ensure that conferences are meaningful and expeditiously address the issues.

Please send any suggestions or comments regarding the information sheet, Second Injury Fund procedures or other related matters to Administrative Supervisory Judge Virginia Dietrich at virginia.dietrich@dol.state.nj.us.

Attachment

New Jersey Is An Equal Opportunity Employer



DIVISION OF WORKERS' COMPENSATION
(609) 292-2515 · FAX (609) 984-2515

AD-18.14 (R 01-06)

Second Injury Fund Information Review

Case Name:		Claim Petition Number(s):	
Wage:	Rate:	DOB:	
Last Day of Work:		Last Day on Payroll (if different):	
IF ACCIDENT	Date of Accident:	Injuries to:	
IF EXPOSURE	Last Exposure on:	Injuries to:	
Amount of Temporary Disability Paid: \$	From:	To:	
Additional Temporary Disability Claimed: \$	From:	To:	
Medicals To Be Paid:			
<p>Check All That Apply:</p> <p><input type="checkbox"/> Voluntary Tender, (if checked) Amount: \$ _____</p> <p><input type="checkbox"/> Medicare Entitled <input type="checkbox"/> Conditional Payment Info. Requested</p> <p><input type="checkbox"/> SSD Recipient (if checked):</p> <p style="margin-left: 20px;">1. Date of Entitlement: _____</p> <p style="margin-left: 20px;">2. 80% ACE \$ _____</p> <p style="margin-left: 20px;">3. Initial Entitlement \$ _____</p> <p style="margin-left: 40px;">Includes Auxiliaries: <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p><input type="checkbox"/> Third Party Action (if checked): Recovery: \$ _____</p> <p><input type="checkbox"/> Public Pension (if checked): Type of Pension: _____</p>			
List Treating Doctors and Hospitals (Including Pre-Existing):			
Pre-existing Disabilities and Compensation Awards:			
Petitioner Evaluating Doctors and Estimates:			
Respondent Evaluating Doctors and Estimates:			