

**MOTION FOR EMERGENT  
MEDICAL TREATMENT  
Pursuant to N.J.S.A. 34:15-15.3**

Case No. : \_\_\_\_\_

Vicinage: \_\_\_\_\_

PETITIONER	NAME	ATTORNEY FOR PETITIONER	NAME
	ADDRESS		ADDRESS
<b>vs</b>		TELEPHONE NUMBER (AREA CODE)	APPEARING
RESPONDENT	NAME	INSURANCE CARRIER	NAME <input type="checkbox"/> SELF-INSURED <input type="checkbox"/> UNINSURED
	ADDRESS		ADDRESS
ATTORNEY FOR RESPONDENT	NAME	CLAIM NUMBER	
	ADDRESS		
	TELEPHONE NUMBER (AREA CODE)		
	APPEARING		

PLEASE TAKE NOTICE that Petitioner seeks emergent medical care pursuant to N.J.S.A. 34:15-15.3. Attached or enclosed are the required supporting documents:

- A copy of the claim petition and, if received, the answer.
- A statement by the petitioner or the petitioner's attorney of the dates and to whom specific requests for authorized medical care were made.
- A statement by a physician that includes petitioner's need of emergent medical care, a delay in treatment will result in irreparable harm or damage to the petitioner and the specific nature of the irreparable harm or damage.
- All relevant medical records in the possession of the petitioner.

PETITIONER verifies that service of this motion and supporting materials has been made (check one):

- If an answer has been filed, by fax and certified mail return receipt on respondent's attorney.
- If no answer has been filed, on the petitioner's employer by personal service or by fax and by certified mail return receipt and if insured by fax and certified mail on the employer's insurance company contact person (listed on Division's website). If employer is uninsured, on the Uninsured Employer's Fund by fax and certified mail return receipt.

The personal service, fax service or the date of certified mailing whichever is later shall be considered the date of service. Respondent shall file an answer to the motion within 5 calendar days from the date of service and may have an examination of petitioner conducted within 15 calendar days from the date of service.

The following additional information is required for motion scheduling when an answer to the Claim Petition has not been filed:

Respondent Telephone Number \_\_\_\_\_ Fax (If known) \_\_\_\_\_

Insurance Contact Person \_\_\_\_\_ Telephone Number \_\_\_\_\_ Fax \_\_\_\_\_

Motions for Emergent Medical Care must be filed in the District Office (vicinage) the claim petition has been assigned or will be assigned. See N.J.A.C. 12:235-3.1.

If no claim petition has been filed one must be filed simultaneously in the Trenton Central Office, Division of Workers' Compensation, P.O. Box 381, Trenton, NJ 08625.

\_\_\_\_\_  
*ATTORNEY FOR PETITIONER*

Dated: \_\_\_\_\_