

NEW JERSEY DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
DIVISION OF WORKERS' COMPENSATION

PRE-TRIAL MEMORANDUM

Vicinage _____ Date _____

PETITIONER _____ RESPONDENT _____

CARRIER _____ CLAIM PETITION NUMBER _____

STIPULATIONS: (FILL IN)

Date of Accident _____ Wages _____ Rate _____

Compensation Paid:

Temporary Disability from _____ to _____ Rate _____

Permanent Disability percentage _____ Member _____ Rate _____

CHECK IF AT ISSUE:

- Employment Wages Rate Accident Notice Exposure Knowledge Causal Relationship
 Injuries Arise out of Employment In course of Employment Temporary Nature and extent of Permanent Injury

OTHER ISSUES:

Medical Bills Outstanding _____

T.D.B. Paid _____ Liens _____

FURTHER STIPULATIONS: _____

WITNESSES:

	DOCTOR'S NAME	DATE OF EXAMINATION	EST	TESTIMONY REQUIRED
PET. <input type="checkbox"/> RESP. <input type="checkbox"/>	_____	_____	_____	_____
PET. <input type="checkbox"/> RESP. <input type="checkbox"/>	_____	_____	_____	_____
PET. <input type="checkbox"/> RESP. <input type="checkbox"/>	_____	_____	_____	_____
PET. <input type="checkbox"/> RESP. <input type="checkbox"/>	_____	_____	_____	_____
PET. <input type="checkbox"/> RESP. <input type="checkbox"/>	_____	_____	_____	_____
PET. <input type="checkbox"/> RESP. <input type="checkbox"/>	_____	_____	_____	_____
PET. <input type="checkbox"/> RESP. <input type="checkbox"/>	_____	_____	_____	_____

Videos or other electronic media to be introduced at trial: (list witnesses under "OTHER WITNESSES" below) _____

OTHER WITNESSES: _____ Petitioner _____ Respondent _____

Trial time of petitioner _____ Trial time of respondent _____

Attorney for Petitioner

Attorney for Respondent

Judge of Compensation

Recommendation