

State of New Jersey Department of Labor and Workforce Development DIVISION OF WORKERS' COMPENSATION		DECISION OF DISMISSAL - Second Injury Fund -	C.P. No: _____ D.O.: _____
PETITIONER	Social Security Number:	PETITIONER ATTY	Federal Employer Identification Number:
	Name:		Name:
	Address (including county):		Address:
RESPONDENT	Name:	Appearing for Petitioner:	
	Deputy Attorney General Appearing For Second Injury Fund:	Date VP Filed:	

At the conclusion of the hearing of this Second Injury Fund Application, I found that:

- Petitioner is totally disabled as a consequence of the last compensable injury.
- Petitioner is not totally and permanently disabled.
- Petitioner has accepted a settlement under the provisions of N.J.S.A. 34:15-20.
- Petitioner has failed to prosecute this case.
- The injuries alleged in this claim petition are not material to the Second Injury Fund Application.
- Other: _____

My findings and conclusions are more fully set forth in my oral opinion and it is ORDERED that this Second Injury fund Application be dismissed with/without prejudice with respect to this claim petition.

We hereby consent to the entry and form of this order and acknowledge receipt of a copy. (Sign if applicable.)

<i>Petitioner's Attorney</i>	<i>Judge of Compensation</i>
<i>Date</i>	<i>Date</i>
<i>Deputy Attorney General</i>	<i>Petitioner (where applicable)</i>
<i>Date</i>	<i>Date</i>