

**NOTICE OF MOTION FOR
TEMPORARY AND/OR
MEDICAL BENEFITS
(N.J.A.C. 12:235-3.2)**

CASE NO'S.:

WC-101i (r-7-07)i

VICINAGE:

PETITIONER	SOCIAL SECURITY NUMBER:	DOB:
	NAME:	
	ADDRESS:	

<input type="checkbox"/> SSN	<input type="checkbox"/> FEDERAL EMPLOYER NUMBER	<input type="checkbox"/> NJ REG NUMBER
NAME:		
ADDRESS:		
TELEPHONE NUMBER (AREA CODE):		

VS

RESPONDENT	NAME:
	ADDRESS:

**ATTORNEY FOR
PETITIONER**

**INSURANCE
CARRIER**

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

TO: _____
(Respondent's Attorney)

(Address)

This Motion is supported by affidavit(s) and/or certification(s) made in the personal knowledge of the:

Petitioner and/or **Petitioner's Attorney**

Petitioner alleges that:

A. Temporary Disability Benefits

Petitioner is currently totally temporarily disabled and entitled to temporary disability benefits from _____ and continuing at the rate of \$ _____ per week. Respondent provided benefits from _____ through _____ at the rate of \$ _____ per week.

B. Medicals

As set forth in the attached medical report(s)* of _____

Petitioner is currently in need of:

Medical treatment _____

Diagnostic studies _____ ; and/or

Referral to a specialist(s) _____

* Medical report(s) must state the medical diagnosis. If the petitioner, having received treatment, cannot secure a report of the medical provider authorized by the respondent, this may be set forth in the affidavit in lieu of the physician's report.

State of New Jersey Department of Labor and Workforce Development DIVISION OF WORKERS' COMPENSATION WC-101i (r-7-07)i	NOTICE OF MOTION FOR TEMPORARY AND/OR MEDICAL BENEFITS (N.J.A.C. 12:235-3.2) page 2	CASE NO'S.: VICINAGE:
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C. Other Information Attached or Enclosed if available (see attached)
Itemized bill (s) and report(s) of treating physician(s) and/or institutions for which services petitioner is seeking payment (list here or attach).

D. Other Evidence in Support of Motion (see attached)
(list here or attach)

Dated: _____
_____, *Attorney for Petitioner*