

CLAIMANT'S WORK BACKGROUND

A. To be completed by Hearing Office

(Claimant and Social Security Number)	(Wage Earner and Social Security number) (Leave blank if same as claimant)	The last time we brought your case up-to-date was:
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B. To be completed by the claimant

PLEASE PRINT

Start with your most recent job, and list that and any work performed within the past 15 years.

DATES OF EMPLOYMENT (APPROXIMATELY)	NAME OF EMPLOYER AND LOCATION OF EMPLOYMENT	DUTIES PERFORMED
FROM		
TO		
FROM		
TO		
FROM		
TO		
FROM		
TO		

PETITIONER	NAME: John Doe
	ADDRESS: Unknown

ATTORNEY FOR RESPONDENT	<input checked="" type="checkbox"/> SSN <input type="checkbox"/> FEDERAL EMPLOYER NUMBER <input type="checkbox"/> NJ REG NUMBER 050-05-0505
	NAME: The Firm of Dewey, Cheatum & Howe
	ADDRESS: 123 Main Street
	TELEPHONE NUMBER (AREA CODE): 555-123-6678

vs

RESPONDENT	NAME: Mary Smith
	ADDRESS: 400 Glen Road

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

RESPONDENT: In answer to Petitioner's Notice of Motion for Temporary and Medical Benefits, respectfully states:

That Petitioner is not entitled to Temporary Disability Benefits. *(State medical, factual and legal reasons):*

That Petitioner is only entitled to Temporary Disability Benefits for the following period:
 _____ to _____ or _____ Weeks at \$ _____ Per week Paid Unpaid
(State medical, factual and legal reasons):

That Petitioner is not entitled to the medical treatment requested. *(State medical, factual and legal reasons and attach pertinent reports, affidavits or certification):*

Dated: 10-23-2013 _____

 The Firm of Dewey, Cheatum & Howe
 Attorney for Respondent