

**12:235-14.1 Listing of forms**

(a) Listed below are the titles and numerical designations of the standard forms utilized for workers' compensation:

1. Employee Claim Petition, WC 365;
2. Dependency Claim Petition, WC 366;
3. Application for Review or Modification of Formal Award, WC 368;
4. Notice of Motion for Temporary and Medical Benefits, WC 101;
5. Respondent's Answer to Claim Petition, WC 367;
6. Respondent's Answer to Dependency Claim Petition, WC 171;
7. Answer to Application for Review or Modification of Formal Award, WC 369;
8. Answering Statement to Motion for Temporary and Medical Benefits, WC 102;
9. Standard Respondent's Interrogatories: Occupational Diseases;
10. Standard Petitioner's Interrogatories: Occupational Diseases;
11. Pre-Trial Memorandum, WC(DO) 31;
12. Order Approving Settlement WC(DO) 370;
13. No Insurance Case, WC(DO) 339;
14. Bench Referral from Division of Workers' Compensation to New Jersey Division of Vocational Rehabilitation Services;
15. Application for Informal Hearing, WC(CF)-66;
16. Central Office Record of Informal Proceedings, WC(CF)-11;
17. Second Injury Fund Application and Verified Petition;
18. Decision of Eligibility, WC-48;
19. Application for Commutation, WC(1)-60;
20. Decision of Dismissal, WC-47;

21. Discrimination Complaint SCF 4;
22. Employer's First Report of Accidental Injury of Occupational Illness, L&I 1;
23. Employer's First Report to Division of Workers' Compensation of Accidental Injury or Occupational Disease, WC-1;
24. Insurer's Initial Notice of Accident and Insurer's and Self-Insurer's Statement of Wages and Agreement to Care for Case, WC-2;
25. Report of Death, WC-3A;
26. Final Report of Accident, WC3;
27. Final Report of Accident, WC4;
28. Final Report of Accident, WC5;
29. Final Report of Accident, WC6.

Amended by R.1997 d.110, effective March 3, 1997.  
See: 28 N.J.R. 4067(a), 29 N.J.R. 799(a).

Amended form references throughout section; rewrote (a)10.

**12:235-14.2 Sample forms**

Samples of the standard forms listed in N.J.A.C. 12:235-14.1 follow:

**OFFICE OF ADMINISTRATIVE LAW NOTE:** The Division of Workers' Compensation submitted 29 sample forms as part of the adoption. These forms are not reproduced herein but may be inspected at:

Office of Administrative Law  
Building 9  
Quakerbridge Plaza, Quakerbridge Road  
Trenton, New Jersey 08625  
and  
Department of Labor  
Division of Workers' Compensation  
Room 1203  
John Fitch Plaza  
Trenton, New Jersey 08625.

Amended by R.1997 d.110, effective March 3, 1997.  
See: 28 N.J.R. 4067(a), 29 N.J.R. 799(a).