

## New Jersey Workers' Compensation Forms

Form Number	Form Name
ANMCP	Respondent's Answer to Application for Medical Provider Claim Petition
Atty-cal-6	WC Electronic Attorney Calendar Program
L&I – 1	Employer's First Report
None	Child Support Primary Worksheet #1
None	Child Support Supplementary Worksheet
None	Injury Data Statistical Worksheet
None	Insurance Carrier Contact Form
None	Medicare Conditional Payment Addendum (Judgment)
None	Medicare Conditional Payment Addendum (Settlement)
None	Motion for Emergent Medical Treatment
None	Verified Petition/App for Benefits from 2% Fund
SCF-4	Discrimination Complaint
SCF-6	Decision of Eligibility
SCF-16	Social Security Offset Calculation
SCF-161	Second Injury Fund Verified Petition
SCF-528	Report of Non-Compliance
WC-1	Employer's Report to Div of WC of Accidental Injury
WC-2	Insurer's Initial Notice of Accident
WC-3	Final Report
WC-6	Case Exhibit Listing
WC-7	Notice of Motion
WC-8	Amended Order
WC-10	Substitution of Attorney
WC-16	Trial Scheduling Order
WC-18	Subpoena Duces Tecum Ad Testificandum
WC-18.1	Subpoena Ad Testificandum
WC-18.2	Subpoena Duces Tecum
WC-22	Interrogatories (Answered by Respondent)
WC-23	Interrogatories (Answered by Petitioner)
WC-47	Decision of Dismissal
WC-48	Decision of Eligibility
WC-60	Application for Commutation
WC-100	Order for Dismissal
WC-101i	Notice of Motion for Temp/Medical Benefits
WC-124	Request for Social Security Information
WC-147	Request for Records Inspection
WC170	Answering Statement to Motion for Temporary/Medical Benefits
WC-171	Respondent's Answer to Dependency Claim Petition
WC-365	Employee Claim Petition
WC-365.1	Employee's Claim Petition Supplemental Page
WC-366	Dependency Claim Petition
WC-366.1	Affidavit of Dependent or Dependent(s) Representative in Support of Settlement Under N.J.S.A. 34:15-20
WC-368	Application for Review/Modification Formal Award
WC-369	Answer to App for Review/Modification
WC-374i	Order for Total Disability
WC-375i	Order for Total Disability w/Social Security Offset

WC-376i	Order for Total Disability w/Second Injury Fund
WC-377i	Addendum to Order for Total Disability
WC-380	Second Injury Fund Information Review
WC-381	Medical Provider Application for Payment or Reimbursement of Medical Payment
WC(CF)-11	Record of Informal Hearing
WC(CF)-66	Application for Informal Hearing
WC(DO)-31	Pre-Trial Memorandum
WC(DO)-37	Bench Referral
WC(DO)-100	Order - Generic
WC(DO)-100	Order – Judgment/Approving Settlement
WC(DO)-103	Order for Distribution (For Child Support)
WC(DO)-339	No Insurance Case
WC(DO)-370	Order Approving Settlement With Dismissal
WC(DO)-379	Order for Distribution of Temporary Award (For Child Support)
WC(F)-367	Respondent's Answer to Claim Petition