

NEW JERSEY Department of Labor WORKERS' COMPENSATION		ORDER ☒ JUDGMENT ☐ APPROVING SETTLEMENT ☐ DISMISSAL ☐ DISCONTINUANCE		District Office: <u>CAMDEN</u>	
SOCIAL SECURITY NUMBER <u>151-14-0659</u> NAME <u>Samuel W. Boody</u> AGE <u>58</u> ADDRESS (including County) <u>7 Cedarwood Dr RD #3 B0267</u> <u>Newfield NJ 08344</u>		FEDERAL EMPLOYER'S IDENTIFICATION NUMBER <u>22-2369672</u> NAME <u>Mark S. Jacobs PA</u> ADDRESS <u>ASHLAND OFFICE CENTER</u> <u>ALPHA + EUESHAM AVE</u> <u>WINDY HILLS NJ 08093</u> APPEARING <u>Alan L. S. Jacobs Esq</u>			
VS					
NAME <u>GAF Corp</u> ADDRESS (including County) <u>(GLOUCESTER)</u> <u>GLOUCESTER</u> NAME <u>CARMELO & SCATCHARD, PA</u> ADDRESS (including County) <u>304 Maple Dr</u> <u>MAHANATON NJ</u> APPEARING <u>Stephen T. Jones</u>		NAME (Indicate if Not Covered or if Self-Insured) <u>SELF-INSURED</u> OCCUPATIONAL EXPOSURE <u>on 11/6/50 - 3/1/65 through 3/1/65</u> DESCRIBE (Briefly) <u>date of diagnosis 3/10/81</u> <u>exposure to asbestos resulting in</u> <u>pulmonary asbestosis</u>			
Weekly Wages <u>\$121.60</u>		Rate(s) <u>\$85.12 1 Schedule</u>			
IF RE-OPENED PETITION, INDICATE FOR LAST AWARD: DATE _____ PERMANENT \$ _____ TEMP \$ _____					
This matter having come on before the Court on this <u>20th</u> day of <u>June</u> , 19 <u>84</u> :					
☒ ORDER FOR JUDGMENT: It appearing that the Petitioner suffered a compensable injury on the above mentioned date while in the employ of respondent; it is Ordered and Adjudged that petitioner be awarded compensation benefits, payable as indicated on Page 2.					
☐ ORDER APPROVING SETTLEMENT: The parties having settled the matter and a finding by the Court having been made that the terms of the settlement are fair and just, it is Ordered that this settlement be approved and the petitioner be paid as indicated on Page 2.					
☐ ORDER FOR DISMISSAL: This matter having come on for hearing upon the respondent's motion for Dismissal which was made and duly served and there being good cause shown, the claim petition herein is hereby dismissed for ☐ 1. Lack of Prosecution ☐ 2.					
☐ ORDER FOR DISCONTINUANCE: This matter having come on before the court and the court having received evidence that this matter should be discontinued and for good cause shown. It is ORDERED AND ADJUDGED that this matter be discontinued for the following reasons:					
☐ It is FURTHER ORDERED that the payment indicated on Page 2 be made a part of the Order for Discontinuance for petitioner's disability. (Percentages and members involved.)					
WE HEREBY CONSENT TO THE ENTRY AND FORM OF THIS ORDER AND ACKNOWLEDGE RECEIPT OF A COPY (Sign if applicable)					
_____ (PETITIONER'S ATTORNEY)		STENO FEE _____ BY _____			
_____ PETITIONER (Where Applicable)		<u>Stephen W. Scatchard</u> (HEARING OFFICIAL SIGNATURE) (DATE)			
_____ (RESPONDENT'S ATTORNEY)		<u>HOWARD M. SCATCHARD</u> (NAME OF HEARING OFFICIAL (PRINT OR TYPE)) Judge of Compensation ☐ Referee			

State of New Jersey
Department of Labor
DIVISION OF WORKERS' COMPENSATION

☒ JUDGMENT
☐ APPROVING SETTLEMENT
☐ DISMISSAL
☐ DISCONTINUANCE

D. O. CANDEL

Permanent Disability Describe Percentages, Nature and extent of Disability and Members Involved:

20% PPT DISABILITY, TO BE APPORTIONED; 10% PPT FOR THE
PULMONARY RESIDUALS OF ASBESTOSIS AND 10% PPT FOR THE NEURO-
-PSYCHIATRIC RESIDUALS OF A REACTIVE ANXIETY.

DISABILITY AWARDED

TEMPORARY: NCLT Weeks at \$ 0 less \$ 0 paid = Balance due \$ NCLT

PERMANENT: 120 Weeks at \$ 50.20 less \$ 0 paid = Balance due \$ 6024

Medical Bills (Doctors and/or Institutions)

RESPONDENT AGREES TO PROVIDE CONTINUING MEDICAL
MONITORING OF PETITIONER'S ^{COMPENSABLE} PULMONARY CONDITION ON
AN ANNUAL BASIS. Petitioner agrees and stipulates that no Order, judgment, finding
of award of the Court shall be offered or admitted into evidence by the petitioner in any court proceeding
NEW JERSEY OR FEDERAL COURT. PETITIONER AGREES TO PAY ALL MEDICAL FEES AND CHARGES FOR THE PETITIONER'S
MEDICAL FEES ALLOWED (FROM WORKERS' COMPENSATION) PETITIONER'S SHARE OF COSTS SHALL BE PAID BY PETITIONER
ALLOWED PETITIONER PAYABLE BY RESPONDENT

DR SOKOLOWSKI	PET PAID DOCTOR IN FULL	\$ 135.00	—	67.50
DR TOBE	PET PAID DOCTOR IN FULL	\$ 140.00	—	70
DR MOROWITZ	PET PAID DOCTOR IN FULL	\$ 135.00	—	70
ATTORNEY(S) FEE	TOTAL	\$ 1200	\$ 480	\$ 720
MARK S. JACOBS, P.A.	TOTAL	\$ 45	—	\$ 45
STENOGRAPHIC SERVICE	TOTAL	\$ 45	—	\$ 45
STATE SHORTHAND REPORTING SERVICE	TOTAL	\$ 45	—	\$ 45

CR. Steven Gaffney

Stephen M. Gaffney 6-20-84
(HEARING OFFICIAL) HOW. STEPHEN M. GAFFNEY (DATE)

WE HEREBY CONSENT TO THE ~~ENTRY~~
FORM OF THIS ORDER AND ACKNOWLEDGE
A COPY:

☒ Judge of Compensation ☐ Referee

[Signature]
(PETITIONER'S ATTORNEY)

[Signature]
(RESPONDENT'S ATTORNEY)

PETITIONER (where Applicable)

RESPONDENTS ATTORNEY

GAF 15040