

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

UNDER

☒ JUDGMENT *Superior Court*
☐ APPROVING SETTLEMENT
☐ DISMISSAL

☐ DISCO
☐ UANCE

C.P. NO.'S *86-1740*

86-6941

District Office: *Camden*

PETITIONER	SOCIAL SECURITY NUMBER <i>141-30-8483</i>
	NAME <i>South E. Williams</i>
	AGE <i>63</i>
	ADDRESS (including County) <i>425 Camden Ave. Apt 301 Camden NJ 08105</i>

ATTORNEY FOR PETITIONER	FEDERAL EMPLOYER'S IDENTIFICATION NUMBER <i>22-262567</i>
	NAME <i>Robert F. McMahon Esq.</i>
	ADDRESS <i>1053 White Horse Rd. Princeton NJ 08540</i>
	APPEARING <i>Robert F. McMahon Esq.</i>

ATTORNEY FOR RESPONDENT	NAME <i>GAF</i>
	ADDRESS (including County) <i>Camden Charles & Water St Camden NJ 08102</i>
	NAME <i>Robert F. McMahon Esq.</i>
	ADDRESS (including County) <i>1053 White Horse Rd. Princeton NJ 08540</i>
APPEARING <i>Robert F. McMahon Esq.</i>	

INSURANCE CARRIER	NAME (Indicate if Not Covered or if Self-Insured) <i>Self</i>
	DATE OF ACCIDENT <i>11-28-80</i>
	OR OCCUPATIONAL EXPOSURE: DESCRIBE (Briefly) <i>Ally exposed to chemicals resulting in death from neurotoxicity</i>

Weekly Wages *\$6.80* Rate(s) *68 1.68*

IF RE-OPENED PETITION, INDICATE FOR LAST AWARD: DATE: _____ PERMANENT: ☐ TEMP: ☐

This matter having come on before the Court on this *29th* day of *May*, 19 *87*:

☒ 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)

PETITIONER (Where Applicable)

(RESPONDENT'S ATTORNEY)

STENO FEE _____ BY _____

(HEARING OFFICIAL SIGNATURE)

5 29 87
(DATE)

(NAME OF HEARING OFFICIAL (PRINT OR TYPE))

☒ Judge of Compensation ☐ Referee

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

CONTINUATION
ORDER
☒ JUDGMENT *Order denying*
☐ APPROVING SETTLEMENT
☐ DISMISSAL
☐ DISCONTINUANCE

No. NO'S *86-6940*
86-6941

D. O. *Section*

Permanent Disability: Describe Perpetrator, Nature and Extent of Disability and Members Involved
State: worker during lawsuit to 450 weeks from 11-28-84 date of accident, during which period and thereafter in discussion with Section is of the K. J. Workers' Compensation Act. This represents a bona fide offer of dependency, disability.

DISABILITY AWARDED

TEMPORARY: *1/4* Weeks at \$ _____ a \$ _____ 1985 \$ _____ Date - Balance due \$ _____
Disability - *11-28-84* to *11-28-85* 30,000 for *11-28-85* to *11-28-86* 40,000

PERMANENT: *1/4* Weeks at \$ _____ a \$ _____ 1985 \$ _____ Date - Balance due \$ _____

Medical Bills (Doctors and/or Institutions):

- 1) Medical of last illness: \$356.00 To OHOH Hosp; Regarding bills from A. Sekowicz, the amount of \$1400.00 and OHOH Hosp \$2444.30 - they appear to have been paid by alternate sources. If said collateral sources come back and demand repayment, SHF will hold them harmless if said bills are shown to be causally related. No other medical in issue.
- 2) Funeral Expenses: will pay statutory maximum of \$2000.00: *\$268.14 denied*
- 3) Respondent reserves its lien rights under NJSA 34:15-40. *R HAS MINE*

MEDICAL FEE ALLOWED (Expert and/or Testimonial)	TOTAL AMT. ALLOWED	PAYABLE BY PETITIONER	PAYABLE BY RESPONDENT
ATTORNEY(S) FEE	TOTAL	PAYABLE BY PETITIONER	PAYABLE BY RESPONDENT
<i>Richard E. McMahon Esq.</i>	<i>2500.00</i>	<i>2500.00</i>	
STENOGRAPHIC SERVICE	TOTAL	PAYABLE BY PETITIONER	PAYABLE BY RESPONDENT
<i>STATE STENOGRAPH</i>	<i>41-</i>		<i>41-</i>

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

[Signature]
(PETITIONER'S ATTORNEY)

(HEARING OFFICIAL) *[Signature]* 52967 (DATE) *5/24/86*
☒ Judge of Compensation ☐ Referee

[Signature]
(RESPONDENT'S ATTORNEY)

PETITIONER (Where Applicable)

GAF 15120