

Department of Labor and Indust.
OF WORKERS' COMPENSATION

☒ JUDGMENT
☐ APPROVING SETTLEMENT
☐ DISMISSAL
☐ DISCONTINUANCE

~~26-38-21~~
0675-33535 (Regis)
District Office: Camden

PETITIONER

SOCIAL SECURITY NUMBER
138-22-1236

NAME
ROBERT RUKAN

AGE
57

ADDRESS (including County)
(GLOUCESTER)
SECOND AVE
WESTVILLE GLOUCESTER, NJ

ATTORNEY FOR PETITIONER

FEDERAL EMPLOYER'S IDENTIFICATION NUMBER
22-2369672

NAME
MARK S. JONES, P.A.

ADDRESS
ASHLAND OFFICE CENTER
ALYS + CUEHAM BLVD
ASHLAND, NJ

APPEARING
ALAN L. SCHWARTZ, Esq.

RESPONDENT

NAME
GAF

ADDRESS (including County)
(GLOUCESTER)
CHARLES ST.
GLOUCESTER, NJ

NAME
ROBERT + SARAHAN, P.A.

ADDRESS (including County)
(BUCKINGHAM)
304 HANCOCK AVE
MORRISTOWN, NJ

APPEARING
THOMAS J. MANNION, JR.

INSURANCE CARRIER

NAME (Indicate if Not Covered or if Self-Insured)
Self-Insured

DATE OF ACCIDENT: OCCUP. EXPOSURE TO
OR
OCCUPATIONAL EXPOSURE: 12-11-1984/12

DESCRIBE (Briefly)
Acetamin

Weekly Wages ~~XXXXXX~~ \$133.60 Rate(s) 89.01 ~~40~~ 40

IF RE-OPENED PETITION, INDICATE FOR LAST AWARD: DATE: 12/19/82 PERMANENT: \$ 4729.00 TEMP: \$

This matter having come on before the Court on this 20th day of June, 19 82:

☒ 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)

STENO FEE 25 BY RISP

(PETITIONER'S ATTORNEY)

PETITIONER (Where Applicable)

(RESPONDENT'S ATTORNEY)

Phillip A. Jones 6/25/82
(HEARING OFFICIAL SIGNATURE) (DATE)

Alan L. Schwartz
(NAME OF HEARING OFFICIAL) (PRINT OR TYPE)

☒ Judge of Compensation ☐ Referee

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

☒ JUDGMENT
☐ APPROVING SETTLEMENT
☐ DISMISSAL
☐ DISCONTINUANCE

~~1~~ 76-20-117
OC 75-33535 (Peggy)
D. O. Camden

Permanent Disability (Describe Percentages, Nature and extent of Disability, and Members Involved)
partial total based on pulmonary residuals of pleural asbestosis with psychiatric residuals to be apportioned 17 1/2% permanent 12 1/2% psychiatric and 5% apt pulmonary. no primary disability based on petitioner's attorney's representation of incapacity to work same. overall disability is 31 1/2% apt based on a permanent award of 12-19-78 14% apt chronic bronchitis)

TEMPORARY: NONE Additional 0 less \$ 0 paid = Balance due \$ 0

PERMANENT: 96 1/4 Weeks at \$ \$40 = \$ 3,850 less \$ 0 paid = Balance due \$ \$3,850

Medical Bills (Doctors and/or Institutions)

All authorized medical has been paid
Respondent reserves its third party lien reimbursement rights
under section NJSA 34:15-40 in the event of a
third party recovery by petitioner.

MEDICAL FEE ALLOWED (Expert and/or Testimonial)	TOTAL AMT. ALLOWED	PAYABLE BY PETITIONER	PAYABLE BY RESPONDENT
<u>Dr SIBERT</u>	<u>150</u>	<u>75</u>	<u>75</u>
<u>Dr Sokolowski</u>	<u>25</u>	<u>12.50</u>	<u>12.50</u>
ATTORNEY(S) FEE	TOTAL	PAYABLE BY PETITIONER	PAYABLE BY RESPONDENT
<u>MARK S. JACOBS, P.A.</u>	<u>770</u>	<u>310</u>	<u>460</u>
STENOGRAPHIC SERVICE	TOTAL	PAYABLE BY PETITIONER	PAYABLE BY RESPONDENT
<u>STATE SHORTHAND SERVICE</u>	<u>25</u>		<u>25</u>

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

[Signature]
(PETITIONER'S ATTORNEY)

[Signature] 6-25-8
(HEARING OFFICIAL) W. Williams (DATE)
☒ Judge of Compensation ☐ Referee
[Signature]
(RESPONDENT'S ATTORNEY)

PETITIONER (Where Applicable)