ALL-STATE OFFICE SUPPLY CO.
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Form No. 20c
(Do not fill in)

STATE OF NEW JERSEY

DEPARTMENT OF LABOR AND INDUSTRY

DIVISION OF WORKMEN'S COMPENSATION

DIV. OF WORKMEN'S COMPENSATION TRENTON, N.J.

C.P. No. P8508

MAR 20 '72

PLAINTIFF'S EXHIBIT NG108P

EMPLOYEE'S CLAIM PETITION FOR COMPENSATION

JOHN LITVAITES *Petitioner,*

vs.

NATIONAL GYPSUM CO.

Respondent.

Self-insured
(Name of Insurance Company)

BLUMBERG, ROSENBERG, MULLEN & BLACKMA
(Attorney for Petitioner)

203 South Main Street, Manville, N.J
(Address)

TO THE DIVISION OF WORKMEN'S COMPENSATION:

Petitioner, alleging that he sustained an injury by an accident arising out of and in the course of his employment with the respondent, compensable under R. S. 34:15-7, et seq., supplements and amendments, respectfully states:

1. Name John Litvaites Soc. Security No. 163-16-4179
2. Residence Address: (a) Street Address 511 West Camplain Road
   (b) County Somerset (c) City or Town Manville
   (THIS CLAIM PETITION CANNOT BE PROCESSED WITHOUT THIS INFORMATION)
3. Sex M 4. Age 52 (at time of accident) 5. Marital Status Married 6. Occupation lift truck operat
7. Name of employer National Gypsum Co.
   (a) Address Davis Avenue, Millington, N.J.
   (b) Business asbestos siding, etc.
8. Did employer have notice or knowledge of injury? YES On what date? during employmen
9. Place of accidental injury Plant Date still exposed
10. Describe the accident Petitioner has been and is still exposed to deleterio chemicals, dusts and fumes at work.
11. Date petitioner stopped work ---- Date returned to work ----
12. Describe extent and character of injury. If there has been amputation or loss of usefulness of any member or impairment of any physical function, explain fully Petitioner suffered permanent injury to his lungs and respiratory system.
13. Wages or earnings $3.37/per hour Compensation paid: Rate
    Temporary disability --- Permanent disability ---
14. Was medical aid required? Was employer requested to furnish same?
    Was it furnished? -- If so, between what dates? ---
    If not, what sum was expended?

15. Give names and addresses of physicians and hospital

Robert W. Monsul, M.D., 301 N. Main Street, Manville, N.J.
Saul Lieb, M.D., 17 Academy Street, Newark, N.J.

16. What other facts are there which you believe important?

Your petitioner therefore prays that the Division of Workmen's Compensation will determine the amount of compensation due your petitioner from said respondent, under Revised Statutes of New Jersey, Title 34, Chapter 15, and the Acts supplemental thereto and amendatory thereof, and that your petitioner may be awarded his costs in this proceeding, and such other or further relief as may be proper.

John Litvaitis
(Petitioner)

STATE OF NEW JERSEY,
COUNTY OF SOMERSET } ss.

John Litvaitis of full age being duly sworn according to law, on his oath deposes and says: That he is the petitioner named in the foregoing petition; that he has read the same and is familiar with the contents thereof; and that the matters and things therein set forth are true according to the best of his knowledge and belief.

John Litvaitis
(Petitioner)

Subscribed and sworn to before me this 18th day of March, 1974, at Manville, New Jersey.

Louise A. Sewastynowicz

LOUISE A. SEWASTYNOWICZ
A Notary Public of New Jersey
My Commission Expires Feb. 14, 1978

(This affidavit may be sworn to before any person authorized to administer an oath)

NOTICE TO THE RESPONDENT:

The foregoing claim petition has been presented by the petitioner to the Division of Workmen's Compensation for hearing and determination. Unless an answer in duplicate is filed with the Secretary of the Division, Labor and Industry Building, Box W, Trenton, N. J. 08625, WITHIN 20 DAYS, THE PETITIONER WILL PROCEED WITH PROOF OF CLAIM ACCORDING TO LAW AND MAY OBTAIN JUDGMENT AGAINST YOU.

DIVISION OF WORKMEN'S COMPENSATION