PETRILLO& GOLDBERGLAW
Great strength in times of great need.

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^Certified Civil Trial Attorney

November 18, 2015

Lindenwold Public Works
15 North White Horse Pike
Lindenwold, NJ 08021

Qual-Lynx
100 Decadon Drive
Egg Harbor Twp., NJ 08234

Re: Robert Pace vs. Lindenwold Pubic Works
C.P. No. 2015-6017

Dear Sir or Madam:

Enclosed please find the following:

(X) Notice of Motion for entry of Default

Thank you for your attention in these regards.

Very truly yours,

BY:_____
SCOTT D. SCHULMAN, ESQUIRE
SDS:ml
Enc.
Via: Certified Mail, return receipt requested

Kindly forward all correspondence to Pennsauken office.

Philadelphia Office
19 South 21st Street
Philadelphia, PA 19103

Woodbury Office
70 South Broad Street
Woodbury, NJ 08096

State of New Jersey
Department of Labor and Workforce Development
Division of Workers' Compensation
PO Box 381
Trenton, New Jersey 08625-0381

Notice Of Motion for Default

Case No.: 2015 – 6017
Vicinage: CAMDEN

This document was e-filed with the Division on 11/18/2015

PETITIONER/ APPLICANT

NAME: ROBERT PACE

ADDRESS:
356 5TH AVENUE
LINDENWOLD, NJ 08021

VS

RESPONDENT

NAME: LINDENWOLD PUBLIC WORKS

ADDRESS:
15 NORTH WHITE HORSE PIKE
LINDENWOLD, NJ 08021

ATTORNEY FOR RESPONDENT

NAME: NO ATTORNEY

ADDRESS:

TELEPHONE NUMBER(AREA CODE):

ATTORNEY FOR PETITIONER/APPLICANT

NAME: PETRILLO & GOLDBERG PC

ADDRESS:
6951 NORTH PARK DR
PENNSAUKEN, NJ 08109

TELEPHONE NUMBER(AREA CODE):
(856) 486-4343

INSURANCE CARRIER

NAME: QUAL-LYNX

ADDRESS:
100 DECADON DR
EGG HARBOR TWP, NJ 08234

CLAIM NUMBER:

TO: Lindenwold Public Works
15 North White Horse Pike
Lindenwold, NJ 08021

Qual-Lynx
100 Decadon Drive
Egg Harbor Twp., NJ 08234

Please take Notice that on a date to be set by the Court, the undersigned will move for the following relief:

Entry of default

Movant will rely upon the following in support of this motion:

Attorney Certification

Additional documents and/or certifications listed herein are being

- [ ] Mailed to the Court and all parties:
- [X] Electronically submitted as a part of this filing:

Exhibit "A"

This document has been e-filed on 11/18/2015 by the attorney listed below. The original of this document will be maintained by this attorney.

PETRILLO & GOLDBERG PC

Attorney for Petitioner

ATTACHMENT DETAILS:

File attached	Type	Description
Pace v. Lindenwold Att...pdf	CERTIFICATIONS	Attorney Certification
Pace v. Lindenwold Exhibit.pdf	MISCELLANEOUS	Exhibit "A"
Pace v. Lindenwold pro...pdf	PROPOSED ORDER	Proposed Order

PETRILLO & GOLDBERG, P.C.
By: SCOTT D. SCHULMAN, ESQUIRE
6951 North Park Drive
Pennsauken, NJ 08109
(856)486-4343
ATTORNEYS FOR PETITIONER

ROBERT PACE,

Petitioner,

v.

LINDENWOLD PUBLIC WORKS,
Respondent.

STATE OF NEW JERSEY
DEPT. OF LABOR & INDUSTRY
DIV. OF WORKERS' COMPENSATION

C.P. NO. 2015-6017

D.O. CAMDEN

CERTIFICATION

I, SCOTT D. SCHULMAN, ESQUIRE, of full age, hereby certify as follows:

1. I am an attorney at law in the State of New Jersey and a partner in the law firm of Petrillo and Goldberg, P.C. and I represent the petitioner, Robert Pace, in this litigation. In the course of said representation, I have become personally familiar with the facts set forth below.

2. The petitioner was injured on 11/24/2014 while in the employ of the respondent.

3. A Claim Petition on behalf of the petitioner for the above-referenced injuring incident was filed with the Department of Labor, Division of Workers' Compensation in Trenton, New Jersey on 3/11/2015 against the above mentioned respondent.

4. Attached and annexed hereto as Exhibit "A" is a copy of the employee's claim petition.

5. To date, the respondent has not filed an answer to the petitioner's claim petition with the Division of Workers' Compensation.

6. Accordingly, the petitioner's claim in the instant matter has been prejudiced because there has been no answer to the claim petition by the respondent.

7. I have prepared this certification to respectfully request that this Court enter an order for entry of default against the respondent in this matter.

I certify that the aforegoing statements made by me are true. I realize that if any of the aforegoing statements made by me are wilfully false, I am subject to punishment.

PETRILLO AND GOLDBERG, P.C.

By: _____
SCOTT D. SCHULMAN, ESQUIRE

Dated: November 18, 2015

State of New Jersey
Department of Labor and Workforce Development
Division of Workers' Compensation
PO Box 381
Trenton, New Jersey 08625-0381

EMPLOYEE CLAIM PETITION

WC365

Case No.: 2015 – 6017
Vicinage: CAMDEN

PETITIONER

SOCIAL SECURITY NUMBER: [redacted]

NAME: ROBERT PACE

ADDRESS: 356 5TH AVENUE
LINDENWOLD, NJ 08021

DATE OF BIRTH: 05/27/1986

SEX: Male

☐ A guardian or other representative is filing on behalf of the petitioner. See supplemental page for details.

ATTORNEY FOR PETITIONER

This document was electronically filed on: 03/11/2015

TAX IDENTIFICATION NUMBER: 223210318

NAME: PETRILLO & GOLDBERG PC

ADDRESS: 6951 NORTH PARK DR
PENNSAUKEN, NJ 08109

TELEPHONE NUMBER: (856) 486-4343 Ext.

FAX NUMBER: (856) 486-7979

VS

EMPLOYER

NAME: LINDENWOLD PUBLIC WORKS

IF EMPLOYER IS KNOWN BY DIFFERENT NAME PLEASE INDICATE HERE:

ADDRESS: 15 NORTH WHITE HORSE PIKE
LINDENWOLD, NJ 08021

INDICATE THE STATUS OF THE EMPLOYER: INSURED

☐ Individual corporate officers or others are also named as respondent(s). See supplemental page for details.

INSURANCE CARRIER / TPA

NAME: QUAL-LYNX

ADDRESS: 100 DECADON DR
EGG HARBOR TWP, NJ 08234

CARRIER CLAIM NUMBER:

☐ See supplemental page for additional carriers

TO THE DIVISION OF WORKERS' COMPENSATION - INJURY AND EMPLOYMENT DETAILS:

Date of Accident or Last Exposure:	Occupational Disease:	If Occupational Disease Give Periods of Exposure:
11/24/2014	☐ Yes ☒ No	

Where Injury Occurred:	How Injury Occurred:
Lindenwold, NJ	fall

DESCRIBE EXTENT AND CHARACTER OF INJURY: If there has been amputation or disability to any member or impairment of any physical function, explain fully:
Acute, post-traumatic left ankle internal derangement requiring surgical intervention and right arm venous thrombus with permanent and chronic orthopedic and vascular residuals.

Date Stopped Work:	Date Returned to Work:	Date Injury Reported:	Injury Reported To Whom:	Occupation and Type of Work:
11/24/2014		11/24/2014	supervisor	laborer

Gross Wages:	Wage Period:	Rate of Temp. Comp.:	Weeks of Temp. Disability Paid:	Temporary Disability Paid:	Permanent Disability Paid:
$15.30	Hourly				

Employer Furnished Medical Aid: ☒ Yes ☐ No

☐ **Demand is hereby made for answers to standard occupational disease interrogatories. [N.J.A.C.12:235-3.8(f)]**

☒ **Demand is hereby made for all records of medical treatment, examinations and diagonostic studies. [N.J.A.C.12:235-3.8(c)]**

ARE YOU MEDICARE ELIGIBLE OR A MEDICARE BENEFICIARY?	☐ YES	☒ NO
WERE YOU ELIGIBLE FOR MEDICAID BENEFITS AT THE TIME OF THE WORK INJURY?	☐ YES	☒ NO
DID YOU BECOME ELIGIBLE FOR MEDICAID BENEFITS AFTER THE WORK INJURY?	☐ YES	☒ NO

What other facts are there that you believe important?

EXHIBIT "A"

Are you Medicare eligible or a Medicare Beneficiary? ☐ YES ☐ NO

YOU ARE ADVISED THAT MEDICARE PAYMENTS RELATED TO THE WORK INJURY ARE TO BE REPAID IN ACCORDANCE WITH 42 U.S.C.A. §1395Y AND 42 C.F.R. §411, ET SEQ., AND THAT PROPOSED SETTLEMENTS FORECLOSING FUTURE MEDICAL BENEFITS RELATED TO THE WORK INJURY SHOULD ALSO COMPLY WITH THESE FEDERAL STATUTES AND REGULATIONS.

Were you eligible for Medicaid Benefits at the time of the work injury? ☐ YES ☐ NO

Did you become eligible for Medicaid Benefits after the work injury? ☐ YES ☐ NO

YOU ARE ADVISED THAT MEDICAID PAYMENTS RELATED TO THE WORK INJURY ARE TO BE REPAID IN ACCORDANCE WITH N.J.S.A.30:4D-1, ET SEQ.

In occupational disease claims, list claims against other employers filed or to be filed for the same or similar occupational diseases.

NAME & ADDRESS OF EMPLOYER	DATES OF EMPLOYMENT

Petitioner therefore requests that the Division of Workers' Compensation determine the amount of compensation due Petitioner from said Respondent, under Revised Statutes of New Jersey, Title 34, Chapter 15, and the Acts supplemental thereto and amendatory thereof, and that Petitioner may be awarded Petitioner's costs in this proceeding, and such other or further relief as may be proper.

Petitioner

STATE OF NEW JERSEY
COUNTY OF CAMDEN SS:

Subscribed and sworn or affirmed
to before me this 11th day of
MARCH 2015

MARY LOOMIS
NOTARY PUBLIC OF NEW JERSEY
MY COMMISSION EXPIRES APRIL 14, 2017

This Claim Petition has been presented by the Petitioner to the Division of Workers' Compensation for hearing and determination. Unless an Answer is filed within 30 days of the date of service of the Claim Petition upon you, with the assignment clerk at the vicinage to which the claim is assigned as indicated on the reverse side, and a copy served upon the Petitioner's attorney, THE PETITIONER WILL PROCEED WITH PROOF OF CLAIM ACCORDING TO LAW AND MAY OBTAIN JUDGMENT AGAINST YOU.

The Privacy Act, 5 U.S.C. § 552a, the Social Security Act, 42 U.S.C. § 405, and N.J.S.A. 34:15-1 *et seq.* authorize the Division of Workers' Compensation to request that the Petitioner supply the Division with his or her Social Security number for recordkeeping purposes and cross-matches with the Social Security Administration, Workforce New Jersey, Temporary Disability Insurance and any other proper public purpose.

DIVISION OF WORKERS' COMPENSATION

PETRILLO & GOLDBERG, P.C.
By: SCOTT D. SCHULMAN, ESQUIRE
6951 North Park Drive
Pennsauken, NJ 08109
(856)486-4343
ATTORNEYS FOR PETITIONER

ROBERT PACE,

Petitioner,

v.

LINDENWOLD PUBLIC WORKS,
Respondent.

STATE OF NEW JERSEY
DEPT. OF LABOR & INDUSTRY
DIV. OF WORKERS' COMPENSATION

C.P. NO. 2015-6017

D.O. CAMDEN

PROOF OF MAILING

A copy of the within Notice of Motion has been e-filed with the Division of Workers' Compensation located at One Port Center, 2 Riverside Drive, Suite 301, Camden, NJ 08103.

SCOTT D. SCHULMAN, ESQUIRE

PROOF OF MAILING: On November 18, 2015, I mailed to:

Lindenwold Public Works
15 North White Horse Pike
Lindenwold, NJ 08021

Qual-Lynx
100 Decadon Drive
Egg Harbor Twp., NJ 08234

Copy of the within Notice of Motion with supporting papers by certified mail.

Dated: November 18, 2015

Mary Loomis

PETRILLO & GOLDBERG, P.C.
By: SCOTT D. SCHULMAN, ESQUIRE
6951 North Park Drive
Pennsauken, NJ 08109
(856)486-4343
ATTORNEYS FOR PETITIONER

ROBERT PACE,

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LINDENWOLD PUBLIC WORKS,

Respondent.

STATE OF NEW JERSEY
DEPT. OF LABOR & INDUSTRY
DIV. OF WORKERS' COMPENSATION

C.P. NO. 2015-6017

D.O. CAMDEN

ORDER FOR ENTRY OF DEFAULT

THIS MATTER having been brought before the Court on motion of the above named attorney for an order for entry of default for the respondent's failure to file an answer to the instant claim petition and the Court having considered the matter and good cause appearing;

IT IS on this _____ day of _____, 2015,

ORDERED that entry of default is entered in the within matter.

A copy of this Order shall be served upon the respondent within _____days.

_____
J.W.C.