Department of Labor and Workforce Development
DIVISION OF WORKERS' COMPENSATION

WC(DO)-370 Interactive(r. 4/24/13)

ORDER APPROVING SETTLEMENT WITH DISMISSAL N.J.S.A. 34:15-20

CASE NO'S.: ~~2015~~-15465; ~~2015~~-15466

VICINAGE: Camden

PETITIONER
NAME: FRANK WEINDEL
DATE OF BIRTH: 08/12/1954
MEDICARE ELIGIBLE: ☐ YES ☒ NO
ADDRESS: 2038 BANGOR AVENUE
LINDENWOLD, NJ 08021

ATTORNEY FOR PETITIONER
FEDERAL EMPLOYER NUMBER: 22-2275087
NAME: JAN R. EVANS, P.A.
ADDRESS: VILLAGE GREENE EAST - SUITE 800
152 HIMMELEIN ROAD, MEDFORD, NJ 08055
TELEPHONE NUMBER (AREA CODE): (609) 654-6550
APPEARING: JAN R. EVANS, ESQ.

VS

RESPONDENT
NAME: BOROUGH OF LINDENWOLD
ADDRESS: 2001 EGG HARBOR ROAD
LINDENWOLD, NJ 08021

ATTORNEY FOR RESPONDENT
NAME: FREEMAN HUBER SACKS BRENNAN
ADDRESS: & FINGERMAN, 20 TANNER STREET, PO BOX 10
HADDONFIELD, NJ 08033
TELEPHONE NUMBER (AREA CODE): (856) 428-7600
APPEARING: ERIC FINGERMAN, ESQ.

INSURANCE CARRIER
NAME: COMPSERVICES INC. ☐ SELF-INSURED ☐ TPA
ADDRESS: 8000 MIDLANTIC DRIVE, SUITE 410N
MT LAUREL, NJ 08054
CLAIM NUMBER:

This is a lump sum settlement between the parties in the amount of $ 3,500.00 pursuant to N.J.S.A. 34:15-20 which has the effect of a dismissal with prejudice, being final as to all rights and benefits of the petitioner and is a complete and absolute surrender and release of all rights arising out of this/these claim petitions(s). The payment hereunder shall be recognized as a payment of workers' compensation benefits for insurance rating purposes only.

The parties agree that this settlement [☒ does (complete page 2) / ☐ does not] contemplate a complete and absolute surrender and release of any and all rights by the petitioner's dependents as defined by N.J.S.A. 34:15-13 arising out of this/these claim petition(s).

☐ **Order for Child Support Attached** ☐ **Addendum attached** * These are Dependency Claims

☐ **Further Agreed:**

NET TO PETITIONER $2,400.00

ALLOWANCES	REIMBURSE	TAX IDENTIFICATION NUMBER	TOTAL AMT. ALLOWED	PAYABLE BY PETITIONER	PAYABLE BY RESPONDENT
MEDICAL FEE ALLOWED: *(report and/or testimony)* LEON WALLER, DO - REPORT PAY DR. DIRECTLY		20-3611083	400.00	400.00	----
ATTORNEY(S) FEE: JAN R. EVANS, P.A.	Pet. Attny.	22-2275087	700.00	700.00	----
STENOGRAPHIC SERVICE: STATE SHORTHAND			120	—	120
MISCELLANEOUS FEES:					

Reason(s) for Section 20 (check all that apply):

Contested issues regarding: ☐ JURISDICTION ☒ LIABILITY ☒ CAUSAL RELATIONSHIP ☐ DEPENDENCY

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

PETITIONER'S ATTORNEY

PETITIONER (where applicable)

RESPONDENT'S ATTORNEY

After considering the circumstances, I find this settlement fair and just.

JUDGE OF COMPENSATION

DATE 4-1-16

GEORGE GANGEMI
JUDGE'S NAME

THE ORIGINAL OF THIS DOCUMENT, SIGNED BY THE JUDGE OF COMPENSATION, WILL BE MAINTAINED ON FILE IN THE DIVISION OF WORKERS' COMPENSATION, PURSUANT TO N.J.S.A. 34:15-121 et. seq.