

State of New Jersey Department of Labor and Workforce Development Division of Workers' Compensation WC-370 (r. 9/16/15)	ORDER APPROVING SETTLEMENT WITH DISMISSAL N.J.S.A. 34:15-20	Case No.: 2020-571 Vicinage: CAMDEN
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PETITIONER/ APPLICANT	NAME: EVELYN WOLFORD	
	ADDRESS: 341 WILSON AVENUE LINDENWOLD, NJ 08021	
	DATE OF BIRTH: 07/28/1951	MEDICARE ELIGIBLE: ☒ YES ☐ NO

RESPONDENT	NAME: BOROUGH OF LINDENWOLD	
	ADDRESS: 200 EGG HARBOR ROAD LINDENWOLD, NJ 08021	
	NAME: CAPEHART & SCATCHARD	
ATTORNEY FOR RESPONDENT	ADDRESS: 8000 MIDLANTIC DR SUITE 300S PO BOX 5016 MT LAUREL, NJ 08054-5016	
	TELEPHONE NUMBER(AREA CODE): (856) 234-6800 Ext:	
	APPEARING ATTORNEY: CHRISTOPHER CHU, ESQUIRE	

ATTORNEY FOR PETITIONER/APPLICANT	EMPLOYER IDN: 223777815	
	NAME: DONER & CASTRO PC	
	ADDRESS: 540 NORTH ROUTE 73 BERLIN TOWNSHIP, NJ 08091	
TELEPHONE NUMBER(AREA CODE): (856) 719-8711 Ext:		
APPEARING ATTORNEY: HENRY L. DONER, ESQUIRE		

INSURANCE CARRIER	NAME: ☐ SELF-INSURED ☐ TPA AMERIHEALTH CASUALTY SERVICES	
	ADDRESS: 1901 MARKET ST 32ND FLOOR PHILADELPHIA, PA 19103	
	CLAIM NUMBER: 650-119-0011125	

This is a lump sum settlement between the parties in the amount of \$ 10500 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 petition(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
 ☐ Medicare Addendum Attached
 ☐ Addendum Attached
☒ Further Agreed: Net to Petitioner - \$7800

ALLOWANCES	REIMBURSE	TAX ID	TOTAL AMT. ALLOWED	PAYABLE BY PETITIONER	PAYABLE BY RESPONDENT
Medical Fee Allowed: ADVANCED EXPERT MEDICAL EVALUATIONS, INC.	DOCTOR	823996571	600	600	0
Attorney(s) Fee: DONER & CASTRO PC	PET. ATTNY	22377815	2100	2100	0
Stenographic service: STATE SHORTHAND REPORTING AGENCY	RESP. ATTNY	222088894	75	0	75
Miscellaneous Fees:					

Reason 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:

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

DONER & CASTRO PC, Attorney for Petitioner

FRANCIS REUSS

JUDGE OF COMPENSATION

DATE

PETITIONER

CAPEHART & SCATCHARD, Attorney for Respondent

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.

State of New Jersey Department of Labor and Workforce Development Division of Workers' Compensation WC-168 r. 9/18/15	CASE EXHIBIT LISTING FOR: ☐ PETITIONER ☐ RESPONDENT	Case No.: 2020-571 Vicinage: CAMDEN
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JUDGE: FRANCIS REUSS

PETITIONER: EVELYN WOLFORD RESPONDENT: BOROUGH OF LINDENWOLD

PETITIONER ATTORNEY: DONER & CASTRO PC RESPONDENT ATTORNEY: CAPEHART & SCATCHARD

Hearing Date	No.	ID	Ev.	Description	Retained		Reporter
					Court	Atty.	
	P1			Affidavit of Petitioner	☒	☐	
	J1			Certification of Attorney in	☒	☐	
				Support of Settlement	☐	☐	
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LAW OFFICES OF DONER & CASTRO, P.C

Henry L. Doner, Esquire
540 North Route 73
Berlin Township, New Jersey 08091
(856) 719-8711
Attorneys for Petitioner

EVELYN WOLFORD	:	STATE OF NEW JERSEY
	:	DEPARTMENT OF LABOR AND INDUSTRY
Petitioner	:	DIVISION OF WORKERS' COMPENSATION
	:	CAMDEN COUNTY
vs.	:	
	:	CLAIM PETITION NO. 2020-571
BOROUGH OF LINDENWOLD	:	
	:	AFFIDAVIT IN SUPPORT OF ORDER
Respondent	:	APPROVING SETTLEMENT WITH
	:	DISMISSAL N.J.S.A. 34:15-20

I, Evelyn Wolford, being of full age, duly sworn according to law, hereby deposes and says:

1. I am the Petitioner in the within matter. I have a mailing address of 341 Wilson Avenue, Lindenwold, New Jersey 08021. This Affidavit is made in lieu of my personal appearance at Court due to the COVID-19 pandemic restrictions.

2. My attorney, Henry L. Doner, Esquire represents me for this within Workers' Compensation claim against the Respondent, Borough of Lindenwold. He filed a Claim Petition on my behalf alleging injury to my right knee (fracture) on December 4, 2019.

3. My attorney has advised me that the Respondent has offered to pay \$10,500.00 in full and final settlement of this claim. Once this settlement is approved by the Court, my case will be dismissed with prejudice, pursuant to N.J.S.A. 34:15-20.

4. My attorney has advised me that I will not be entitled to any medical treatment or wage loss benefits after this settlement has been approved by the Court. I will not have any right to reopen this case or seek additional benefits in the future. This will be a full and final settlement of all claims with prejudice.

5. It is my understanding that Dr. Nahas will receive a payment for his examination and report in the amount of \$600.00, which will be deducted from my share of the proposed settlement. An attorney's fee for the services of my lawyer in the amount of \$2,100.00, representing 20% of the offer, is to be paid from my share of the proposed settlement if approved by the Court. After these deductions are approved by the Court, my net share of the settlement will be \$7,800.00.

6. My attorney explained to me that I am not obligated to accept this offer, that I may have a trial and at trial I may receive an award which is greater, less, the same or perhaps no award at all. However, after careful review with my attorney, I have decided to waive my right to a trial and proceed with a Settlement under N.J.S.A. 34:15-20. Accordingly, I have signed an Order Approving Settlement with Dismissal, pursuant to N.J.S.A. 34:15-20 and I have given it to my attorney, requesting that he present it to the Court for approval.

7. I certify no one has pressured me or coerced me to accept this settlement, and I am accepting this settlement under my own free will. I certify that no one has promised me anything to accept this settlement, except that which is outlined in this document.

8. I further acknowledge that I understand my rights in this matter. I understand that this does not affect my dependents rights should I die as a result of this specific accident. My dependents may have the right to come back in to court and reopen my case should I die from this condition. They would still need to meet the same burden of proof regarding causal relationship and liability.

9. I certify no one has pressured me or coerced me to accept this settlement, and I am accepting this settlement under my own free will. I certify that no one has promised me anything to accept this settlement, other than that which is outlined in this document.

10. I am not under the influence of any alcohol, medication prescription or other substance that would affect my ability to review and sign this Affidavit.

11. I am satisfied with the services of my attorney. I note that my attorney has explained the proposed settlement and has answered all my questions, and I would respectfully request the Court to approve this settlement on my behalf.

12. I do not have any child support obligation.

13. I am not a Medicaid recipient. I am Medicare eligible.

14. In summary, I respectfully request that the Court approve the settlement of \$10,500.00 with the understanding that I will receive a net recovery of \$7,800.00.

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Evelyn Wolford
EVELYN WOLFORD

Sworn and Subscribed to before me this

30th day of March, 2021.

Socorrita Santiago

SOCORRITA SANTIAGO
NOTARY PUBLIC OF NEW JERSEY
My Commission Expires 3/24/2021

CAPEHART & SCATCHARD, P.A.
8000 Midlantic Drive, Suite 300S
PO Box 5016
Mount Laurel, N.J. 08054-5016
(856)234-6800
ATTORNEY FOR RESPONDENT

Ms. Evelyn Wolford,	:	STATE OF NEW JERSEY
	:	DIVISION OF WORKERS' COMPENSATION
Petitioner,	:	DEPARTMENT OF LABOR AND
	:	WORKFORCE DEVELOPMENT
vs.	:	
	:	CLAIM PETITION NO. 2020-571
Lindenwold School District,	:	
	:	CERTIFICATION OF ATTORNEY IN
Respondent.	:	SUPPORT OF SETTLEMENT
	:	

STATE OF NEW JERSEY:

ss.

COUNTY OF BURLINGTON:

I, Christopher M. Chu, Esq., hereby certify as follows:

1. I am an Attorney at Law of the State of New Jersey and maintain an office at Capehart & Scatchard, P.A., 8000 Midlantic Drive, Suite 300S, PO Box 5016, Mt. Laurel, New Jersey 08054-5016.
2. I represent the respondent in the above captioned matter.
3. The respondent can stipulate that the petitioner filed Claim Petition No. 2017-15183, alleging that on December 4, 2019, she injured her right knee and leg.
4. The respondent filed an Answer noting that respondent made initial full payment of benefits to the petitioner.
5. As such, employment is also stipulated.

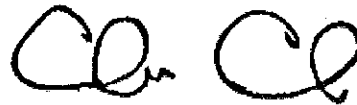
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Evelyn Wolford vs. Borough of Lindenwold
Claim Petition No: 2020-571

6. Therefore, both parties are asking your honor to approve an award of \$10,500.00 pursuant to Section 20 of the Workers' Compensation Statute, as there are significant issues as to both causation and liability.

7. The respondent also obtained Medicare Conditional Payment Information from CMS indicating no outstanding lien.

8. The parties also understand that the Court will rely solely upon this set of stipulations as well as the Order, Affidavit and exhibits submitted and agree that the settlement will be entered on the record without further Court proceeding or appearance.

CAPEHART & SCATCHARD, P.A.
A Professional Corporation
Attorneys for Respondent

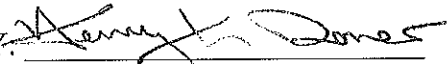


BY:

Christopher M. Chu

DATED: 6/9/2021

Attorneys for Petitioner,

BY: 

Henry Doherty

DATED: 6/9/2021

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Claim Petition No: 2020-571