SCANNED

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

WC(DO)-100 Interactive (r 4/24/13)

ORDER

☐ JUDGMENT

☒ APPROVING SETTLEMENT

CASE NO.S: 2014-8396

VICINAGE: Camden

PETITIONER

NAME: OTTO HESTON

DATE OF BIRTH: 06/22/1966 MEDICARE ELIGIBLE ☐ YES ☒ NO

ADDRESS: 540 BERLIN ROAD
CLEMENTON, NJ 08021

VS:

RESPONDENT

NAME: BOROUGH OF LINDENWOLD

ADDRESS: 2001 EGG HARBOR ROAD
LINDENWOLD, NJ 08021

ATTORNEY FOR RESPONDENT

NAME: FREEMAN, HUBER, SACKS ET AL

ADDRESS: 20 TANNER STREET- PO BOX 10
HADDONFIELD, NJ 08033

TELEPHONE NUMBER (AREA CODE): (856) 428-7600

APPEARING: MICHAEL HUBER, ESQUIRE

ATTORNEY FOR PETITIONER

FEDERAL EMPLOYER NUMBER: 22-3267364

NAME: MICHAEL J. GLASSMAN AND ASSOCIATES, LLC

ADDRESS: LAURELWOOD CORPORATE CENTER
1103 LAUREL OAK ROAD-SUITE 140
VOORHEES, NJ 08043

TELEPHONE NUMBER (AREA CODE): (856) 784-9222

APPEARING: JAMES J. BRESLIN, ESQUIRE

INSURANCE CARRIER

NAME: AMERIHEALTH ☐ SELF-INSURED ☐ TPA

ADDRESS: 8000 MIDLANTIC DRIVE-SUITE 410N
MT LAUREL, NJ 08054

CLAIM NUMBER: 6501149390

DATE OF ACCIDENT OR OCCUPATIONAL EXPOSURE: 02/20/2014

DESCRIBE (Briefly): Stepped Off Recycling Truck and Slipped on Ice

ADJUSTER: MARY WALSH

Weekly Wages: $ 1099.28 Rate(s): $ 769.50 / $

IF RE-OPENED PETITION, INDICATE FOR LAST AWARD:

Date: _____ Permanent Paid: $ _____ Temporary Paid: $ _____

THIS MATTER HAVING COME BEFORE THE COURT ON THIS 31ST DAY OF MARCH , 2015

☐ **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.

PERMANENT DISABILITY (Describe Percentages below followed by the Nature and Extent of Injury and Members involved):

25 % of PARTIAL TOTAL

This represents: 20% for residuals of tears of the supra and infra spinatus tendons of the right shoulder, rotator cuff tear status post arthroscopic surgery to the right shoulder and 5% for residuals of a comminuted intra articular fracture of the right wrist.

State of New Jersey Department of Labor and Workforce Development DIVISION OF WORKERS' COMPENSATION WC(IDO)-100 Interactive (r. 4/24/13)	**ORDER** ☐ JUDGMENT ☒ APPROVING SETTLEMENT	CASE NO'S.: 2014-8396 VICINAGE Camden

DISABILITY AWARDED:

TEMPORARY: _____ weeks at $ _____ = $ _____ less $ _____ paid = Balance due $ _____

PERMANENT: 150 weeks at $ 256.20 = $ 38,430.00 less $ 0 paid = Balance due $ 38,430.00

☐ Voluntary Tender ☐ Reopener Credit ☐ N.J.S.A. 34:15-40

MEDICAL BILLS (Doctors and/or Institutions) AND/OR MISCELLANEOUS INFORMATION:

Respondent has or will promptly pay upon presentation all bills for authorized medical treatment.

☐ **ORDER FOR CHILD SUPPORT** ☒ **ADDENDUM ATTACHED**

ALLOWANCES	REIMBURSE	TAX IDENTIFICATION NUMBER	TOTAL AM'T. ALLOWED	PAYABLE BY PETITIONER	PAYABLE BY RESPONDENT
MEDICAL FEE ALLOWED: *(report and/or testimony)* Dr. Ralph Cataldo	Pet. Atty.	22-3267364	$400.00	$200.00	$200.00
INTERPRETER:					
ATTORNEY(S) FEE: Michael J. Glassman & Associates, LLC		22-3267364	7686 30 70		4616
STENOGRAPHIC SERVICE Jersey Shore Reporting, LLC			$90.00		90
MISCELLANEOUS FEES: *(list below)*					

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

JUDGE OF COMPENSATION 3/31/15 DATE

Honorable Emille Cox
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.