State of New Jersey
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. 2015-16652

VICINAGE: Camden

PETITIONER

NAME: Mildred Clay

DATE OF BIRTH: 11/01/1938 MEDICARE ELIGIBLE: ☒ YES ☐ NO

ADDRESS: 550 Bilper Avenue, Apartment 6609
Lindenwold, New Jersey 08021

VS

RESPONDENT

NAME: Borough of Lindenwold

ADDRESS: 201 Egg Harbor Road
Clementon, NJ 08021

ATTORNEY FOR RESPONDENT

NAME: Brown & Connery, LLP

ADDRESS: 20 Tanner Street
Haddonfield, NJ 08033

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

APPEARING: Stephanie L. Meredith, Esquire

ATTORNEY FOR PETITIONER

FEDERAL EMPLOYER NUMBER: 22-3591679

NAME: Law Offices of Charles H. Nugent, Jr.

ADDRESS: 530 Lippincott Drive
Marlton, NJ 08053

TELEPHONE NUMBER (AREA CODE): (856) 596-9770

APPEARING: Geoffrey J. Smith, Esq.

INSURANCE CARRIER

NAME: Amerihealth Casualty Srevices ☐ SELF-INSURED ☐ TPA

ADDRESS: Po Box 917
Mt. Laurel, NJ 08054

CLAIM NUMBER: 650-114-9405

This is a lump sum settlement between the parties in the amount of $7500.00 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**

☐ **Further Agreed:** _____

ALLOWANCES	REIMBURSE	TAX IDENTIFICATION NUMBER	TOTAL AMT. ALLOWED	PAYABLE BY PETITIONER	PAYABLE BY RESPONDENT
MEDICAL FEE ALLOWED: *(report and/or testimony)* Dr. Ralph Cataldo	Pet. Attny	20-8761981	$600.00	$ 600	$ 0
Record Request from Worknet; Rehab Excellence; Cooper University; Star Medical	Pet. Attny		$81.96	$81.96	
ATTORNEY(S) FEE: Law Offices of Charles H. Nugent, Jr.	Pet. Attny	22-3591679	$1500	$1500	
STENOGRAPHIC SERVICE: State Shorthand			$180		$180
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: 6-8-17

Hon. David Rima
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.

Kelly, Paulette

From:	Amy Amato <aamato@brownconnery.com>
Sent:	Friday, June 09, 2017 1:00 PM
To:	Kelly, Paulette; Joseph Nardi
Subject:	Closing/Settlement - Mildred Clay v. Borough of Lindenwold
Attachments:	ORDE-Section 20-20170609.PDF; AFF-Affidavit of petitioner-20170609.PDF

ATTORNEY REPORT UPDATE

To:	Ms. Paulette Kelly - AmeriHealth Casualty Services
cc:	Joseph Nardi - Brown & Connery, LLP
From:	Stephanie L. Meredith, Esquire
Date:	June 9, 2017
Claim Number:	650-114-9405
Insured:	Borough of Lindenwold
Claimant:	Mildred Clay
DOB:	11/01/1938
Date of Loss:	3/11/14
Venue:	Camden
Court Number:	2015-16652

I. Event Name, Description and Date:

This matter was listed for a hearing on June 8, 2017 in Camden before Judge Puma.

II. Hearing Report/Impact on Case:

On that date, the matter was resolved in accordance with the authority previously extended. You have indicated that this petitioner does not have any Medicare liens. Petitioner has accepted our settlement offer of $7,500.00, pursuant to NJSA 34:15-20. This is a dismissal with prejudice in exchange for a one-time payment.

The Court has made the following allowances to be deducted from the award:

- $600.00 to Dr. Ralph Cataldo, for examination and report, payable petitioner, to be reimbursed to petitioner's attorney. Petitioner's attorney is the Law Offices of Charles H. Nugent, Jr., 530 Lippincott Drive, Marlton, NJ 08053, Tax ID 22-3591679.

- $81.96 to for medical records, payable by petitioner, to be reimbursed to petitioner's attorney.

- $1,500.00 to Law Offices of Charles H. Nugent, Jr., for counsel fees, payable by petitioner.

- $180.00 to State Shorthand Reporting Service, for stenographic fees, payable by respondent. State is at P.O. Box 227, Allenhurst, NJ 07711, Tax ID 22-2088894. Note: The amount of $180.00 is because petitioner took the stand at a previous hearing, at which time it was determined that she was receiving Medicare.

The net to this petitioner after her share of costs and fees is $5,318.04.

III. Action Required/Next steps:

Enclosed please find the Order Approving Settlement with Dismissal. Please note that you have 60 days from the date of this Order in which to pay the aforementioned amounts.

IV. Address potential or known subrogation lien opportunities

None known.

V. Tentative Next Hearing Date:

Not applicable.

It has been my pleasure to be of service to you. If you have any questions or concerns, please do not hesitate to contact my office.

enclosure

NUGENT LAW
Charles H. Nugent, Jr., Esquire, ID #019761986
530 Lippincott Drive, Building E
Marlton, New Jersey 08053
Telephone: (856) 596-9770
Fax: (856) 596-9775
Attorney for the Petitioner, Mildred Clay
Our File No: 1006

MILDRED CLAY, Petitioner, v. BOROUGH OF LINDENWOLD, Respondent.	STATE OF NEW JERSEY DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT DIVISION OF WORKER'S COMPESNATION CAMDEN COUNTY Claim Petition: 2015-11652 **AFFIDAVIT OF PETITIONER**

CERTIFICATION OF VERIFICATION

I, Mildred Clay, being of full age, hereby certify as follows:

1. I am the petitioner in the within action.

2. I have read the foregoing Section 20 Settlement and have discussed all the terms, including attorney's fees, medical allowances, and the settlement amount with my attorney.

3. On March 11, 2014, I was injured when I tripped and fell over a metal stump in the ground, causing me to fall to the ground.

4. On April 6, 2017, I appeared in the Workers' Compensation Court, Camden County, with respect to Claim Petition 2015-11652 for settlement under Section 20. I was sworn in to testify and before the proceedings could begin, the Honorable George Gangloff, advised my attorney and the Respondent's attorney that I was Medicare eligible. The respondent's attorney was not aware that I was Medicare eligible, and had to confirm whether a Medicare lien was

outstanding in this matter. I was excused by Judge Gangloff from the witness stand, as the respondent attorney needed to confirm any outstanding liens. After some time, the Respondent's attorney could not confirm whether a Medicare lien was outstanding, and the Court postponed the settlement date.

9. With the consent by the Respondent's attorney and by this Honorable Court, I was allowed to submit a knowing and voluntary acceptance of this settlement over affidavit.

10. Regarding my settlement under Section 20, I understand that the amount of settlement is $7500.00

11. I understand that attorney's fees, which are decided by the judge, are deducted from the settlement amount.

12. I understand that my attorney is entitled to reimbursement of the Permaneney Exam Report by Dr. Cataldo, which totals $600.00 and I am responsible for 6.5. $600.00 totaling ~~$300.00~~ $600.00, 6.5.

13. I understand that my attorney is also entitled to reimbursement for any medical records his office requested, and I am responsible for that entire amount, totaling $81.96.

14. I understand that a Section 20 settlement shall have the full force and effect of a dismissal of my claim, and I do not have any reopener rights.

15. I understand that a Section 20 settlement is also a complete surrender of any future right to compensation or benefits arising out of the injury.

16. I understand that I am waiving my rights to have a trial heard on this matter, including my right to testify, my right to call witnesses on my behalf, and my right to cross examine witnesses against me.

17. I understand that by waiving my trial rights, I am waiving the right for the judge to make an independent determination of the nature, extent and monetary value of my injury, which the judge could award more, less, or the same amount as the settlement.

18. I am accepting this settlement out of my own free will.

19. No one is forcing or threatening me to accept this settlement.

20. I have been satisfied with Mr. Nugent's representation of me in this case.

21. I wish for this Honorable Court to approve my settlement under Section 20.

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.

Dated: _____

Mildred Clay, Petitioner

STATE OF NEW JERSEY:

: SS.

COUNTY OF Burlington :

I certify that on this 2nd day of June, 2017, Lawrence Bowne, personally came before me and stated to my satisfaction that this person:

(a) Is the maker of the attached instrument, and,

(b) Executed this instrument as his own act.

_____

Notary Public

ELIZABETH A. KENNEY
A Notary Public of New Jersey
My Commission Expires September 15, 2020