

State of New Jersey Department of Labor and Workforce Development DIVISION OF WORKERS' COMPENSATION WC-100 (r. 8/27/2015)	ORDER ☐ JUDGMENT ☒ APPROVING SETTLEMENT	CASE NO'S.: 2015-6017 VICINAGE: Camden
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PETITIONER NAME: Robert Pace DATE OF BIRTH: 5/27/86 MEDICARE ELIGIBLE: ☐ YES ☒ NO ADDRESS: 356 5th Avenue Lindenwold, NJ 08021	vs	ATTORNEY FOR PETITIONER FEDERAL EMPLOYER NUMBER: 22-3210318 NAME: Petrillo & Goldberg, PC ADDRESS: 6951 North Park Drive Pennsauken, NJ 08109 TELEPHONE NUMBER (AREA CODE): 856-486-4343 APPEARING: Scott Schulman, Esquire
RESPONDENT NAME: Lindenwold Public Works ADDRESS: 15 North White Horse Pike Lindenwold, NJ 08021		INSURANCE CARRIER NAME Amerihealth Casualty Services ☐ RESPONDENT IS SELF-INSURED ☐ TPA ADDRESS: PO Box 817 Mt Laurel, NJ 08054 CLAIM NUMBER: 650-114-9613 DATE OF ACCIDENT OR OCCUPATIONAL EXPOSURE: 11/24/14 DESCRIBE (Briefly): fall
ATTORNEY FOR RESPONDENT NAME: Pietras Saracino, et al ADDRESS: 2060 Fairfax Avenue Cherry Hill, NJ 08003 TELEPHONE NUMBER (AREA CODE): 856-761-3773 APPEARING: Christopher Saracino, Esquire		

ADMINISTRATIVE DISMISSALS (List <u>Other</u> Insurance Carriers to be dismissed from case, without prejudice):	
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Weekly Wages : \$646.25 Rate(s): \$452.37 / \$

IF RE-OPENED PETITION, INDICATE FOR LAST AWARD:

Date: _____ Award: _____ Permanent Paid: \$ _____ Temporary Paid: \$ _____

THIS MATTER HAVING COME BEFORE THE COURT ON THIS 21st DAY OF AUGUST, 2017

- ☐ **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):

25.0 % of LEFT FOOT	for orthopedic residuals of partial thickness tears of anterior talofibular ligament and calcaneofibular ligament requiring 1/2/15 left ankle modified Brostrom surgery.
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DISABILITY AWARDED: (11/24/14 - 4/2/15)

TEMPORARY: _____ weeks at \$ _____ = \$ _____ less \$ _____ paid = Balance due \$ 0

PERMANENT: 57.5 weeks at \$ 225.0 = \$ 12,937.50 less \$ 0 paid = Balance due \$ 12,937.50

Credits: ☐ Bonafide Voluntary Tender ☐ Non Bonafide Voluntary Tender ☐ Reopener Credit ☐ N.J.S.A. 34:15-40 ☐ _____

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

All authorized medicals furnished and paid/payable by respondent.

☐ ORDER FOR CHILD SUPPORT ☐ MEDICARE ADDENDUM ATTACHED ☐ ADDENDUM ATTACHED

ALLOWANCES	REIMBURSE	TAX IDENTIFICATION NUMBER	TOTAL AMT. ALLOWED	PAYABLE BY PETITIONER	PAYABLE BY RESPONDENT
MEDICAL FEE ALLOWED: (report and/or testimony) Marshall Pressman, DO	Pet. Attny		\$400	\$200	\$200
Medical records	Pet. Attny		\$196.22	\$196.22	--
INTERPRETER:					
ATTORNEY(S) FEE: Petrillo & Goldberg, PC			2585	1035	1550
STENOGRAPHIC SERVICE JerseyShore Reporting, LLC			\$90	--	\$90
MISCELLANEOUS FEES: (list below)					

☐ The Court finds the parties adequately considered Medicare interest, be that as it may, should a Medicare issue arise, this Court retains jurisdiction.

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

THE COURT FINDS THIS SETTLEMENT FAIR AND JUST.

PETITIONER'S ATTORNEY

JUDGE OF COMPENSATION

DATE

PETITIONER (where applicable)

Hon. Sarah Minor, JWC

JUDGE'S NAME

RESPONDENT'S ATTORNEY

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.