SHAIN, SCHAFFER & RAFANELLO, P.C.
150 Morristown Road, Suite 105
Bernardsville, New Jersey 07924
(908) 953-9300
Attorney for Respondent
Monroe Township

ALAN DELIETO,	:	NEW JERSEY DEPT. OF LABOR
	:	DIV. OF WORKERS' COMPENSATION
Petitioner,	:	NEW BRUNSWICK DISTRICT OFFICE
v.	:	
	:	C.P. No. 2013-29961
MONROE TOWNSHIP,	:	
	:	DEMAND FOR MEDICAL
Respondent.	:	INFORMATION

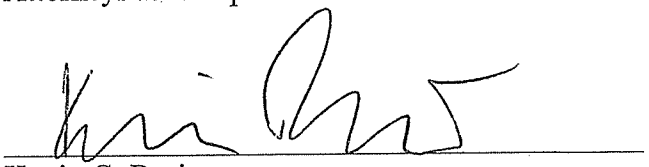
TO: Levinson Axelrod
P.O. Box 2905
Edison, New Jersey 08818
Attorney for Petitioner

SIR:

Pursuant to the Rules of the Department of Labor, Division of Workers' Compensation, demand is hereby made that you furnish within ten days of service of this Demand the following information contained in the written reports furnished by any and all treating physicians to the Petitioner or to the Petitioner's attorneys:

1. Complete medical findings;
2. Diagnosis;
3. Copies of x-ray and/or other laboratory reports;
4. Examination and/or treatment dates.

SHAIN, SCHAFFER & RAFANELLO, P.C.
Attorneys for Respondent

By: 
Kevin G. Boris

Dated: November 26, 2013

SHAIN, SCHAFFER & RAFANELLO, P.C.
150 Morristown Road, Suite 105
Bernardsville, New Jersey 07924
(908) 953-9300
Attorney for Respondent
Monroe Township

ALAN DELIETO,	:	NEW JERSEY DEPT. OF LABOR
	:	DIV. OF WORKERS' COMPENSATION
Petitioner,	:	NEW BRUNSWICK DISTRICT OFFICE
v.	:	
	:	C.P. No. 2013-29964
MONROE TOWNSHIP,	:	
	:	DEMAND FOR MEDICAL
Respondent.	:	INFORMATION

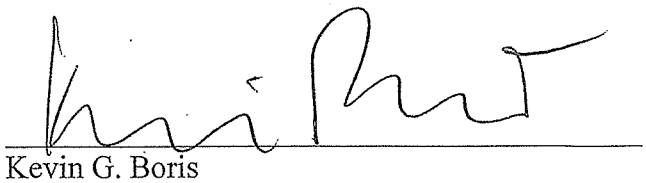
TO: Levinson Axelrod
P.O. Box 2905
Edison, New Jersey 08818
Attorney for Petitioner

SIR:

Pursuant to the Rules of the Department of Labor, Division of Workers' Compensation, demand is hereby made that you furnish within ten days of service of this Demand the following information contained in the written reports furnished by any and all treating physicians to the Petitioner or to the Petitioner's attorneys:

1. Complete medical findings;
2. Diagnosis;
3. Copies of x-ray and/or other laboratory reports;
4. Examination and/or treatment dates.

SHAIN, SCHAFFER & RAFANELLO, P.C.
Attorneys for Respondent

By: 
Kevin G. Boris

Dated: November 26, 2013

State of New Jersey
Department of Labor and Workforce Development
Division of Workers' Compensation
PO Box 381
Trenton, New Jersey 08625-0381

EMPLOYEE CLAIM PETITION

WC366

Case No.: 2013 -- 29961
Vicinage: NEW BRUNSWICK

PETITIONER

SOCIAL SECURITY NUMBER: [redacted]

NAME: ALAN DELIETO

ADDRESS: 280 BRUNSWICK AVENUE
SPOTSWOOD, NJ 08884

DATE OF BIRTH: 03/25/1983

SEX: Male

☐ A guardian or other representative is filing on behalf of the petitioner. See supplemental page for details.

VS

EMPLOYER

NAME: MONROE TOWNSHIP MUNICIPAL AMBULANCE

IF EMPLOYER IS KNOWN BY DIFFERENT NAME PLEASE INDICATE HERE:

ADDRESS: 2 MUNCIPAL PLAZA
MONROE, NJ 08831

INDICATE THE STATUS OF THE EMPLOYER: INSURED

☐ Individual corporate officers or others are also named as respondent(s). See supplemental page for details.

This document was electronically filed on: 10/31/2013

ATTORNEY FOR PETITIONER

TAX IDENTIFICATION NUMBER: 222283838

NAME: LEVINSON AXELROD

ADDRESS: 2 LINCOLN HIGHWAY
PO BOX 2905
EDISON, NJ 08818

TELEPHONE NUMBER: (732) 494-7230 Ext.

FAX NUMBER: (732) 767-6364

INSURANCE CARRIER / TPA

NAME: QUALCARE PREFERRED PROVIDERS

ADDRESS: PO BOX 309
PISCATAWAY, NJ 08855

CARRIER CLAIM NUMBER: MRW031078

☐ See supplemental page for additional carriers

TO THE DIVISION OF WORKERS' COMPENSATION - INJURY AND EMPLOYMENT DETAILS:

Date of Accident or Last Exposure:	Occupational Disease:	If Occupational Disease Give Periods of Exposure:
10/14/2009	☐ Yes ☒ No	

Where Injury Occurred:	How Injury Occurred:
Federal Road	[redacted]

DESCRIBE EXTENT AND CHARACTER OF INJURY: If there has been amputation or disability to any member or impairment of any physical function, explain fully:
Back, Psychological

Date Stopped Work:	Date Returned to Work:	Date Injury Reported:	Injury Reported To Whom:	Occupation and Type of Work:
10/14/2009	10/01/2013	10/14/2009	Rob Drako	EMT

Gross Wages:	Wage Period:	Rate of Temp. Comp.:	Weeks of Temp. Disability Paid:	Temporary Disability Paid:	Permanent Disability Paid:
$1,200.00	Weekly	$773.00			

Employer Furnished Medical Aid: ☐ Yes ☐ No

☐ **Demand is hereby made for answers to standard occupational disease interrogatories. [N.J.A.C.12:235-3.8(f)]**

☒ **Demand is hereby made for all records of medical treatment, examinations and diagonostic studies. [N.J.A.C.12:235-3.8(c)]**

ARE YOU MEDICARE ELIGIBLE OR A MEDICARE BENEFICIARY? ☐ YES ☒ NO

WERE YOU ELIGIBLE FOR MEDICAID BENEFITS AT THE TIME OF THE WORK INJURY? ☐ YES ☒ NO

DID YOU BECOME ELIGIBLE FOR MEDICAID BENEFITS AFTER THE WORK INJURY? ☐ YES ☒ NO

What other facts are there that you believe important?

State of New Jersey
Department of Labor and Workforce Development
Division of Workers' Compensation
PO Box 381
Trenton, New Jersey 08625-0381

EMPLOYEE CLAIM PETITION

WC365

Case No.: 2013 – 29964
Vicinage: NEW BRUNSWICK

PETITIONER

SOCIAL SECURITY NUMBER: [redacted]

NAME: ALAN DELIETO

ADDRESS: 280 BRUNSWICK AVENUE
SPOTSWOOD, NJ 08884

DATE OF BIRTH: 03/25/1983

SEX: Male

☐ A guardian or other representative is filing on behalf of the petitioner. See supplemental page for details.

ATTORNEY FOR PETITIONER

This document was electronically filed on: 10/31/2013

TAX IDENTIFICATION NUMBER: 222283838

NAME: LEVINSON AXELROD

ADDRESS: 2 LINCOLN HIGHWAY
PO BOX 2905
EDISON, NJ 08818

TELEPHONE NUMBER: (732) 494-7230 Ext.

FAX NUMBER: (732) 767-6364

VS

EMPLOYER

NAME: MONROE TOWNSHIP MUNICIPAL AMBULANCE

IF EMPLOYER IS KNOWN BY DIFFERENT NAME PLEASE INDICATE HERE:

ADDRESS: 2 MUNICIPAL PLAZA
MONROE, NJ 08831

INDICATE THE STATUS OF THE EMPLOYER: INSURED

☐ Individual corporate officers or others are also named as respondent(s). See supplemental page for details.

INSURANCE CARRIER / TPA

NAME: QUALCARE PREFERRED PROVIDERS

ADDRESS: PO BOX 309
PISCATAWAY, NJ 08855

CARRIER CLAIM NUMBER:

☐ See supplemental page for additional carriers

TO THE DIVISION OF WORKERS' COMPENSATION - INJURY AND EMPLOYMENT DETAILS:

Date of Accident or Last Exposure:	Occupational Disease:	If Occupational Disease Give Periods of Exposure:
05/21/2011	☐ Yes ☒ No	

Where Injury Occurred:	How Injury Occurred:
Spotswood Englishtown Road	[redacted]

DESCRIBE EXTENT AND CHARACTER OF INJURY: If there has been amputation or disability to any member or impairment of any physical function, explain fully:
Back

Date Stopped Work:	Date Returned to Work:	Date Injury Reported:	Injury Reported To Whom:	Occupation and Type of Work:
05/21/2011		05/21/2011		EMT

Gross Wages:	Wage Period:	Rate of Temp. Comp.:	Weeks of Temp. Disability Paid:	Temporary Disability Paid:	Permanent Disability Paid:
$1,200.00	Weekly	$773.00			

Employer Furnished Medical Aid: ☐ Yes ☐ No

☐ **Demand is hereby made for answers to standard occupational disease interrogatories. [N.J.A.C.12:235-3.8(f)]**

☒ **Demand is hereby made for all records of medical treatment, examinations and diagonostic studies. [N.J.A.C.12:235-3.8(c)]**

ARE YOU MEDICARE ELIGIBLE OR A MEDICARE BENEFICIARY?	☐ YES	☒ NO
WERE YOU ELIGIBLE FOR MEDICAID BENEFITS AT THE TIME OF THE WORK INJURY?	☐ YES	☒ NO
DID YOU BECOME ELIGIBLE FOR MEDICAID BENEFITS AFTER THE WORK INJURY?	☐ YES	☒ NO

What other facts are there that you believe important?

MONROE TOWNSHIP, MIDDLESEX COUNTY

RESOLUTION NO.: R-12-2014-313

RESOLUTION OF THE MONROE TOWNSHIP COUNCIL APPROVING THE SETTLEMENT OF THE WORKERS COMPENSATION CLAIM OF ALAN DELIETO v. MONROE TOWNSHIP

WHEREAS, on October 31, 2013, Patrick R. Caufield, Esq. of the law firm of Levinson Axelrod, Attorney for Petitioner Alan Delieto, filed an Employee's Claim Petition with the State of New Jersey, Department of Labor and Workforce Development, Division of Workers-Compensation, entitled Alan Delieto v. Monroe Township, C.P. No. 2013 – 29961, alleging psychological and back injuries in a work related accident on October 14, 2009; and

WHEREAS, Shain, Schaffer & Rafanello, P.C., have acted as the Attorneys for the Township of Monroe in connection with Petitioner's Claim Petition; and

WHEREAS, after the filing of the Employee's Claim Petition and Respondent's Answer to Claim Petition, Counsel for the Petitioner and the Township entered into settlement negotiations; and

WHEREAS, Shain, Schaffer & Rafanello, P.C., acting as Attorneys for the Township of Monroe, has recommended that the Township consent to a settlement as follows: 35% partial total of the back which is 210 weeks at $361.00 for a total of $75,810.00; and

WHEREAS, on November 7, 2014 the Monroe Township Insurance Fund Commission reviewed the settlement proposal of Shain, Schaffer & Rafanello, P.C., and recommends that Council approve the settlement;

NOW THEREFORE, BE IT RESOLVED that the Township Council of the Township of Monroe, in the County of Middlesex, State of New Jersey, hereby approves that it has rendered its advise and the settlement reached between the parties; to wit, 35% partial total of the back which is 210 weeks at $361.00 for a total of $75,810.00; and

BE IT FURTHER RESOLVED, that in the event the Court confirms this settlement, the Monroe Township Council hereby authorizes and directs the Certified Municipal Finance Officer to make payment to Mr. Delieto in the amount to be set by the Court's Order; and

BE IT FURTHER RESOLVED that a copy of this Resolution be forwarded to the Insurance Fund Commission and Township Attorney, and that the original be kept on file in the Office of the Township Clerk.

GERALD W. TAMBURRO, Council President

CERTIFICATION

I hereby certify the foregoing Resolution to be a true and exact copy of a Resolution adopted by the Monroe Township Council at its meeting held on December 1, 2014.

SHARON DOERFLER, Township Clerk

MONROE TOWNSHIP, MIDDLESEX COUNTY
RESOLUTION NO._____

RESOLUTION OF THE MONROE TOWNSHIP COUNCIL APPROVING THE SETTLEMENT OF THE WORKERS COMPENSATION CLAIM OF ALAN DELIETO V. MONROE TOWNSHIP

WHEREAS, on October 31, 2013, Patrick R. Caufield, Esq. of the law firm of Levinson Axelrod, attorney for Petitioner Alan Delieto, filed an Employee's Claim Petition with the State of New Jersey Department of Labor and Workforce Development, Division of Workers-Compensation, entitled Alan Delieto v. Monroe Township, C.P. No. 2013 – 29961, alleging psychological and back injuries in a work related accident on October 14, 2009; and

WHEREAS, Shain, Schaffer & Rafanello, P.C., have acted as the attorneys for the Township of Monroe in connection with Petitioner's Claim Petition; and

WHEREAS, after the filing of the Employee's Claim Petition and Respondent's Answer to Claim Petition, counsel for the Petitioner and the Township entered into settlement negotiations; and

WHEREAS, Shain, Schaffer & Rafanello, P.C., acting as attorneys for the Township of Monroe, has recommended that the Township consent to a settlement as follows: 35% partial total of the back which is 210 weeks at $361.00 for a total of $75,810.00; and

WHEREAS, on November 7, 2014 the Monroe Township Insurance Fund Commission reviewed the settlement proposal of Shain, Schaffer & Rafanello, P.C., and recommends that the Council approve the settlement;

NOW THEREFORE, BE IT RESOLVED that the Township Council of the Township of Monroe, County of Middlesex, State of New Jersey, hereby approves that it has rendered its

advise and the settlement reached between the parties; to wit, 35% partial total of the back which is 210 weeks at $361.00 for a total of $75,810.00; and

BE IT FURTHER RESOLVED, that in the event the Court confirms this settlement, the Monroe Township Council hereby authorizes and directs the Certified Municipal Finance Officer to make payment to Mr. Delieto in the amount to be set by the Court's Order; and

BE IT FURTHER RESOLVED that a copy of this Resolution be forwarded to the Mayor, Township Clerk, and Township Attorney, and that the original be kept on file by the Secretary of the Monroe Township Council.

I hereby certify that the foregoing is a true copy of a Resolution adopted by the Monroe Township Council on _____, 2014.

_____

Sharon Doerfler, Township Clerk
Monroe Township Council