*State of New Jersey*
*Department of Labor & Workforce Development*
*Division of Workers' Compensation*

# IMPORTANT NOTICE
# Workers' Compensation Electronic Attorney Calendar Program

**Effective July 1, 2009, the Division will no longer be mailing hearing calendar notices to the parties of workers' compensation cases. The calendars will only be e-mailed.** To avoid missing a scheduled hearing date, you must register for the Electronic Calendar program by completing this form and faxing it to the Division at (609) 292-3758.

The e-mailed Attorney Calendars are available in either "**pdf**" or **Microsoft Word™** format. The "pdf" version, which is identical to the hard copy mailed calendar, requires the use of Adobe™ Reader to view and print. A free copy of the software can be obtained by visiting the Adobe website (www.adobe.com). The Word™ version, offered in a single column format, allows users to resize or highlight important elements of their lists. To preview a sample calendar in Word™, please visit the technology page on our website at http://lwd.dol.state.nj.us/labor/wc/egov/ecalendar.html.

*Please note that e-mail filters used by some Internet Service Providers may classify messages from the Electronic Calendar program as Junk Mail, while others may completely prevent the delivery of our messages to you. To ensure that you receive your calendars without interruption, please add the* ***"dol.state.nj.us"*** *domain name to your e-mail program's address book.*

Once your application is submitted and processed, the Division will discontinue paper mailings of the calendars to your firm. If at a later date you need to change transmission format, add or delete an existing e-mail address, please notify us by sending another copy of this form, indicating that you would like to revise your account.

**I am setting up a new account:** ☐ **I am revising our existing e-mail account:** ☐

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|---|---|---|
| **Firm Name:** | | |
| **Address:** | | |
| **Contact Person:** | | |
| **Telephone Number:** | | |
| **E-mail address(es) to be added:** | | |
| | | |
| **E-mail address(es) to be deleted:** | | |
| **Transmission format:** | **PDF:** ☐ **Microsoft Word ™:** ☐ | |

If you have any questions, please feel free to call our technical support unit at:
**tel: (609) 777-4921, fax: (609) 292-3758, e-mail: courts@dol.state.nj.us.**

**Form rev. 3/27/09**