

Your information:

Name:

\_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

City, State, ZIP:

\_\_\_\_\_

Telephone number:

\_\_\_\_\_

Identify your role:

\_\_\_\_\_

LABOR AND INDUSTRIAL RELATIONS APPEALS BOARD

STATE OF HAWAI'I

_____	)		_____
Claimant,	)	AB No.:	
	)		
	)	DCD No.:	
vs.	)		
	)	Accident	
	)	Date:	
	)		
_____	)		
Employer,	)		
	)		
and	)		
	)		
	)		
_____	)		
Insurance Carrier.	)		
_____	)		

INITIAL CONFERENCE STATEMENT

AND

CERTIFICATE OF SERVICE

This Initial Conference Statement, in accordance with the Notice of Initial Conference, is submitted on behalf of the following party:

---

**Initial Conference Information**

Initial Conference Date:

---

Initial Conference Time:

---

**Statement of Issues**

Issue 1:

---

Issue 2:

---

Issue 3:

---

(Attach additional sheets if necessary)

(continued on the next page)

**Witnesses**

The following individuals and/or physicians are designated as witnesses:

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

3. Name: \_\_\_\_\_

Address: \_\_\_\_\_

4. Name: \_\_\_\_\_

Address: \_\_\_\_\_

5. Name: \_\_\_\_\_

Address: \_\_\_\_\_

6. Name: \_\_\_\_\_

Address: \_\_\_\_\_

(Attach additional sheets if necessary)

(continued on the next page)

**Estimated Length of Hearing**

The undersigned estimates the number of hours to present the case-in-chief for the party noted:

Estimated number of hours  
to present case-in chief:

\_\_\_\_\_

Identify party:

\_\_\_\_\_

Dated: \_\_\_\_\_

Signed: \_\_\_\_\_

Print name: \_\_\_\_\_

(Certificate of Service on Following Page)

**CERTIFICATE OF SERVICE**

(Attach this form as the last page of documents filed)

I hereby certify that a copy of the foregoing document was sent to the following by means of hand-delivery and/or U.S. Mail, postage prepaid at the last known address/addresses, on the date noted below:

Name:

\_\_\_\_\_

Address:

\_\_\_\_\_

Address (continued):

\_\_\_\_\_

City, State ZIP:

\_\_\_\_\_

Identify method of Service:

\_\_\_\_\_

Name:

\_\_\_\_\_

Address:

\_\_\_\_\_

Address (continued):

\_\_\_\_\_

City, State ZIP:

\_\_\_\_\_

Identify Method of Service:

\_\_\_\_\_

Dated:

\_\_\_\_\_

Signed:

\_\_\_\_\_

Print name:

\_\_\_\_\_