Your information:

Name: _____

Address: _____

_____

City, State, ZIP: _____

Telephone number: _____

Identify your role: Claimant

LABOR AND INDUSTRIAL RELATIONS APPEALS BOARD

STATE OF HAWAIʻI

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

INITIAL CONFERENCE STATEMENT and CERTIFICATE OF SERVICE

(Title of Document)

(continued on next page)

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:

Claimant

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:

1 hour or less

Identify party:

Claimant

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: First Class, U.S. Mail, Postage Prepaid

Name: _____

Address: _____

Address (continued): _____

City, State ZIP: _____

Identify Method of Service: First Class, U.S. Mail, Postage Prepaid

Dated: _____

Signed: _____

Print name: _____