

Your information:

Name: _____

Address: _____

City, State, ZIP: _____

Email Address: _____

Telephone number: _____

Identify your role: _____

LABOR AND INDUSTRIAL RELATIONS APPEALS BOARD

STATE OF HAWAI'I

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

(Title of Document)
(continued on next page)

STIPULATION TO WAIVE DISCOVERY AND/OR TRIAL DE NOVO

AND

APPROVAL AND ORDER

The parties to the above-entitled appeal hereby
stipulate and agree to waive either or both of the following:

Discovery

Trial *de novo*

The parties further agree to submit the matter for
decision by the Labor and Industrial Relations Appeals Board
based on the record and any position statements, which are to be
filed by the parties by the close of business on:

Agreed on behalf of Claimant:

Dated: _____

Signed: _____

Print name: _____

Agreed on behalf of Employer:

Dated: _____

Signed: _____

Print name: _____

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APPROVED AND SO ORDERED by
LABOR AND INDUSTRIAL
RELATIONS APPEALS BOARD:

, Chair

, Member

, Member