

Name of Party _____

Address _____

Telephone _____

Claimant or Employer

LABOR AND INDUSTRIAL RELATIONS APPEALS BOARD

STATE OF HAWAII

_____,)	AB Case No. _____
)	
Claimant-Appell_____,)	DCD Case No. _____
)	
vs.)	Docket No. _____
)	
)	
_____,)	
)	
and)	
)	
)	
_____,)	
)	
Employer/Insurance)	
Carrier-Appell_____.)	
_____)	

MOTION FOR LEAVE TO PROCEED ON APPEAL IN FORMA PAUPERIS

I, _____, do hereby request leave to proceed on appeal *in forma pauperis*. Attached is my affidavit in support of this motion.

Signature of Movant