

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

NOTICE OF NON-HEARING MOTION  
(to be attached to motion documents)

AND

CERTIFICATE OF SERVICE

NOTICE IS HEREBY GIVEN that the Motion attached hereto has been filed with the Labor and Industrial Relations Appeals Board ("Board"). Should there be any objection to the attached Motion, the objecting party must file a memorandum in opposition at the Board, 830 Punchbowl Street, Room 404, Honolulu, Hawaii 96813, no later than the close of business of the seventh (7<sup>th</sup>) calendar day after the date of the Certificate of Service identified below.

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:

\_\_\_\_\_