

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.	)		
_____	)		

STIPULATION TO CONTINUE CONFERENCE

AND

APPROVAL AND ORDER

The parties hereby stipulate and agree that the following conference in this case be continued to the date and time noted below:

Type of conference to be continued:

\_\_\_\_\_

Old Date/Time:

\_\_\_\_\_

New Date/Time:

\_\_\_\_\_

Agreed on behalf of Claimant:

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

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

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

Agreed on behalf of Employer:

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

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

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

(continued on next page)

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

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ROLAND Q.F. THOM, Chairperson

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MELANIE S. MATSUI, Member

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DAVID A. PENDLETON, Member