

Your information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Email Address: \_\_\_\_\_

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.	)	
_____	)	

---

(Title of Document)  
(continued on next page)

STIPULATION FOR TEMPORARY REMAND

AND

APPROVAL AND ORDER

The parties hereby stipulate and agree that this case shall be temporarily remanded to the Director of Labor and Industrial Relations for determination of the following issue(s) and any other issue the Director deems appropriate:

Issue 1:

---

Issue 2:

---

Issue 3:

---

(Attach Additional Sheets if Necessary)

Upon completion of the decision on remand, the Director is requested to transmit forthwith the case file to the Labor and Industrial Relations Appeals Board ("Board") for hearing and determination of all issues on appeal from the Director's decision dated:

---

Any decision rendered by the Director after the date of this stipulation must be timely appealed by the parties in order for the Board to obtain jurisdiction to hear issues arising therefrom.

(continued on next page)

All discovery deadlines and proceedings currently  
pending before the Board are hereby cancelled.

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:

---

, Chair

---

, Member

---

, Member