

Your information:  
 Name:  
 Address:  
 City, State, ZIP:  
 Telephone Number:  
 Email Address:  
 Identify your role:

LABOR AND INDUSTRIAL RELATIONS APPEALS BOARD

STATE OF HAWAII

	,	)	CASE NO.: AB
		)	DCD No.:
Claimant,		)	
		)	
vs.		)	
		)	Date of Accident:
	,	)	
		)	
Employer,		)	
		)	
and		)	
		)	
	,	)	
		)	
Insurance		)	
Carrier/Adjuster.		)	
		)	

---

NOTICE OF HEARING and CERTIFICATE OF SERVICE

You are hereby notified that a hearing on \_\_\_\_\_'s  
 Motion \_\_\_\_\_ is set for  
 at \_\_\_\_\_, Hawaii Standard Time, or as soon  
 thereafter as the parties may be heard by the Board.

This hearing will be held by interactive conference technology. Refer to the Board's September 29, 2021 Administrative Order 2021-02 for information about the use of interactive conference technology. (See <https://labor.hawaii.gov/lirab/files/2021/09/Administrative-Order-2021-02-filed-on-Sept-29-2021.pdf>.)

The Board will email you a calendar invitation to the hearing. The invitation will include a hyperlink to the Microsoft Teams meeting.

The Board will send invitations to the following via the means noted:

Email for Claimant/Representative:

Email for Employer/Representative:

Email for SCF Representative:

Email for Other Party/Representative:

Contact the Board immediately if any of the foregoing emails is incorrect or if you do not receive the calendar invitation within one week of the date of this notice.

If the emailed calendar invitation with a hyperlink to the event is unavailable or unsuccessful, call (808) 829-4853 and enter conference ID number \_\_\_\_\_, on the date and at the time of the hearing.

Any party who has not provided the Board with an email address will be conventionally served a copy of this notice. If you wish to receive an emailed calendar invitation, you must provide the Board with your email address at least two business days before the hearing.

To ensure the privacy and propriety of the hearing before the Board, do not share or forward any electronic meeting invitations, conference telephone number, and/or conference ID numbers. If attendance by additional participants (such as witnesses) is necessary, please provide the Board with the email address(es) of the additional participants at least two business days before the hearing.

The parties are required to immediately notify the Board of any changes to their own contact information, including mailing addresses, email addresses, and telephone numbers.

Refer to the Board's June 29, 2021 Administrative Order 2021-01 for information about filing documents with the Board. (See <https://labor.hawaii.gov/lirab/files/2021/06/Order-9-06.29.2021.pdf>.)

Dated:

Signed:

Print Name:

CERTIFICATE OF SERVICE

(Attach this form as the last page of the filed documents)

I hereby certify that a copy of the foregoing document was sent to the following by means of hand-delivery, e-mail, and/or U.S. Mail, postage prepaid at the last known address/addresses, on the date noted below:

Name:

Address (line 1):

Address (line 2):

City, State, Zip:

Identify Method of Service

Name:

Address (line 1):

Address (line 2):

City, State, Zip:

Identify Method of Service

Name:

Address (line 1):

Address (line 2):

City, State, Zip:

Identify Method of Service

Dated:

Signed:

Print Name: