



**STATE OF HAWAII
DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
DISABILITY COMPENSATION DIVISION**

Princess Keelikolani Building, 830 Punchbowl Street, Room 209, Honolulu, Hawaii 96813

**INSTRUCTION SHEET FOR FORM WC-77a
RESPONSE TO APPLICATION FOR HEARING**

Instructions

Important Notice: Upon receipt of the Application of Hearing, the adverse party may file a “RESPONSE TO THE APPLICATION FOR HEARING” with the Director and shall send a copy to all parties.

Please completely fill out the WC-77a RESPONSE TO APPLICATION FOR HEARING FORM.

Completion of this form will expedite resolution of issues of controversy in a fair and judicious manner.

The **Delivery Information** section below lists various delivery options. Please select the most convenient method and submit the completed form accordingly.

Please remember to sign and date the form before submitting it.

Delivery Information

Delivery by U.S. Mail, In-Person, or via Fax

Department of Labor and Industrial Relations, Disability Compensation Division

Oahu	Kauai	Maui
Princess Keelikolani Building 830 Punchbowl Street, Room 209 Honolulu, Hawaii 96813 Mailing Address: P.O. Box 3769 Honolulu, Hawaii 96812-3769 Phone: (808) 586-9161 Fax: (808) 586-9219	3060 Eiwa Street, Room 202 Lihue, Hawaii 96766 Phone: (808) 274-3351 Fax: (808) 274-3355	2264 Aupuni Street #2 Wailuku, Hawaii 96793 Phone: (808) 984-2072 Fax: (808) 984-2071
Hawaii	West Hawaii	
75 Aupuni Street, Room 108 Hilo, Hawaii 96720 Phone: (808) 974-6464 Fax: (808) 974-6460	Ashikawa Building 81-990 Halekii Street, Room 2087 Kealakekua, Hawaii 96750 If Mailing, Please Mail to This Address: P.O. Box 49, Kealakekua, Hawaii 96750 Phone: (808) 322-4808 Fax: (808) 322-4813	



STATE OF HAWAII
DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
DISABILITY COMPENSATION DIVISION

Princess Keelikolani Building, 830 Punchbowl Street, Room 209, Honolulu, Hawaii 96813
FORM WC-77a RESPONSE TO APPLICATION FOR HEARING

Name of Respondent	
Address	
Telephone No. ()	Representing

_____)	Case No. _____
(Claimant Name))	
)	Date Of Injury _____
vs.)	
)	
_____)	
(Employer/Carrier))	
)	
)	
_____)	

RESPONSE TO APPLICATION FOR HEARING

I, _____, above-named respondent, hereby respond to the Application for Hearing filed by
_____ on _____.

1. RESPONSES

Response(s) to statement(s) of the issue(s) as listed on Item number 2 on page 2 of the "Application for Hearing" Form (WC-77) to be determined at the hearing.

REVIEW OF EMPLOYER'S DENIAL OF HEALTH CARE _____

COMPENSABILITY _____

TERMINATION OF TEMPORARY TOTAL DISABILITY _____

TERMINATION OF TEMPORARY PARTIAL DISABILITY _____

PERMANENT DISABILITY _____

DISFIGUREMENT _____

DEPENDENT DEATH BENEFITS _____

Visit our Website at www.hawaii.gov/labor for ALL interactive and downloadable forms.

WC-77a RESPONSE TO APPLICATION FOR HEARING

Page 2 of 2

CONCURRENT EMPLOYMENT _____

REOPENING _____

OTHER ISSUES _____

2. WITNESSES

Please list name(s) and address(es) of all witness(es) to be presented at the hearing and/or those whose testimony will be submitted via a deposition transcript. In the interest of justice and fairness, failure to list the names of witness(es) and/or those whose testimony will be submitted via a deposition transcript may preclude witnesses from testifying at the hearing and/or submitting a deposition transcript.

Name	Work Phone ()	Home Phone ()
Address		

Name	Work Phone ()	Home Phone ()
Address		

Name	Work Phone ()	Home Phone ()
Address		

If necessary, please list any additional names, phone numbers and addresses of witnesses on a separate sheet.

3. SPECIAL ACCOMMODATIONS

Are there any unusual, emergency or extenuating conditions that you would like the Department to consider in calendaring this case for a hearing? If yes, please briefly explain below:

_____ (Date)

_____ (Signature of Respondent)

Auxiliary aids and services are available upon request. Please call: (808) 586-9161; TTY (808) 586-8847; and for neighbor islands, TTY 1-888-569-6859. A request for reasonable accommodation(s) should be made no later than ten working days prior to the needed accommodation(s).

It is the policy of the Department of Labor and Industrial Relations that no person shall, on the basis of race, color, sex, marital status, religion, creed, ethnic origin, national origin, age, disability, ancestry, arrest/court record, sexual orientation, and National Guard participation, be subjected to discrimination, excluded from participation in, or denied the benefits of the Department's services, programs, activities, or employment.

Visit our Website at www.hawaii.gov/labor for ALL interactive and downloadable forms.