

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)

INITIAL CONFERENCE STATEMENT

AND

CERTIFICATE OF SERVICE

This Initial Conference Statement, in accordance with the Notice of Initial Conference, is submitted on behalf of the following party:

Initial Conference Information

Initial Conference Date:

Initial Conference Time:

Statement of Issues

Issue 1:

Issue 2:

Issue 3:

(Attach additional sheets if necessary)

(continued on the next page)

Witnesses

The following individuals and/or physicians are
designated as witnesses:

1. Name: _____

Address: _____

2. Name: _____

Address: _____

3. Name: _____

Address: _____

4. Name: _____

Address: _____

5. Name: _____

Address: _____

6. Name: _____

Address: _____

(Attach additional sheets if necessary)

(continued on the next page)

Estimated Length of Hearing

The undersigned estimates the number of hours to
present the case-in-chief for the party noted:

Estimated number of hours
to present case-in chief:

Identify party:

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 the method of service and on the date noted below:

Name: _____

Address: _____

Address (continued): _____

City, State Zip: _____

Email Address: _____

Method of Service: _____

Name: _____

Address Street: _____

Address (continued): _____

City, State Zip: _____

Email Address: _____

Method of Service: _____

Dated: _____

Sign: _____

Print Name: _____