

Your information:

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

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

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

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

Telephone number: \_\_\_\_\_

Identify your role: \_\_\_\_\_

LABOR AND INDUSTRIAL RELATIONS APPEALS BOARD

STATE OF HAWAI'I

	)	
	)	AB No.: _____
_____	)	
Claimant,	)	
	)	DCD No.: _____
vs.	)	
	)	Accident
	)	Date: _____
	)	
_____	)	
Employer,	)	
	)	
and	)	
	)	
	)	
_____	)	
Insurance Carrier.	)	
_____	)	

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(Title of Document)  
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STIPULATION TO DISMISS A PARTY

AND

APPROVAL AND ORDER

The parties hereby stipulate and agree that the following party be dismissed as a party to the subject appeal, without prejudice, because said party has no position regarding the issues on appeal and no interest in the outcome of the issues on appeal:

Party to be dismissed from the appeal:

\_\_\_\_\_

Agreed on behalf of Claimant:

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

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

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

Agreed on behalf of Employer:

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

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

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

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

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, Chair

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, Member

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, Member