

Your information:

Name: _____

Address: _____

City, State, ZIP: _____

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)

NOTICE OF HEARING
(to be attached to motion documents)

AND

CERTIFICATE OF SERVICE

MOTION HEARING DATE:

MOTION HEARING TIME:

NOTICE IS HEREBY GIVEN that the Motion attached hereto shall come on for hearing before the Labor and Industrial Relations Appeals Board in Room 404 of the Keelikolani Building, 830 Punchbowl Street, Honolulu, Hawaii at the date and time noted above, or as soon thereafter as the parties may be heard.

The Board will contact non-Oahu participants at the following telephone numbers for the hearing:

Telephone Number for Claimant/Representative:

Telephone Number for Employer/Representative:

Dated:

Signed:

Print name:

(Additional information on the next page)

ADDITIONAL INFORMATION

If you require a language interpreter or if you require a reasonable accommodation for a disability, in accordance with the Americans with Disabilities Act or other applicable state and federal laws, please contact the Board at (808) 586-8600 at least ten (10) business days prior to your hearing or conference date.

Equal Opportunity Employer/Program
Auxiliary aids and services are available
upon request to individuals with disabilities.
TDD/TTY Dial 711 then ask for (808) 586-8866

(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 means of hand-delivery and/or U.S. Mail, postage prepaid at the last known address/addresses, on the date noted below:

Name:

Address:

Address (continued):

City, State ZIP:

Identify method of
Service:

Name:

Address:

Address (continued):

City, State ZIP:

Identify Method of
Service:

Dated:

Signed:

Print name:
