Your information:

Name: _____

Address: _____

_____

City, State, ZIP: _____

Telephone number: _____

Identify your role: Claimant

LABOR AND INDUSTRIAL RELATIONS APPEALS BOARD

STATE OF HAWAI‘I

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

NOTICE OF APPEAL and CERTIFICATE OF SERVICE

(Title of Document)

(continued on next page)

NOTICE OF APPEAL

and

CERTIFICATE OF SERVICE

Notice is hereby given that, pursuant to Hawaii Revised Statutes Section 386-87, the following party appeals to the Labor and Industrial Relations Appeals Board from the Decision of the Director of Labor and Industrial Relations, identified below, which is attached hereto as Exhibit “A”.

Name of Appealing Party:

_____

Date of Director's Decision:

_____

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 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: First Class, U.S. Mail, Postage Prepaid

Name: _____

Address: _____

Address (continued): _____

City, State ZIP: _____

Identify Method of Service: First Class, U.S. Mail, Postage Prepaid

Dated: _____

Signed: _____

Print name: _____