

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. |) | | |
| |) | | |
| ===== |) | | |

STIPULATION TO CANCEL TRIAL DUE TO SETTLEMENT

(Title of Document)
(continued on next page)

STIPULATION TO CANCEL TRIAL DUE TO SETTLEMENT

AND

APPROVAL AND ORDER

The parties to the above-entitled appeal hereby stipulate and agree to cancel the trial in this matter, because all issues on appeal have been resolved by settlement. The parties will submit the fully executed written agreement to the Labor and Industrial Relations Appeals Board for review and approval.

Agreed on behalf of Claimant:

Dated: _____

Signed: _____

Print name: _____

Agreed on behalf of Employer:

Dated: _____

Signed: _____

Print name: _____

(continued on next page)

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

, Chair

, Member

, Member