

Your information:

Name:

Address:

City, State, ZIP:

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.)	
_____)	

(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:

You are hereby notified that a hearing on the attached motion is set for the above-noted date and time, or as soon thereafter as the parties may be heard by the Labor and Industrial Relations Appeals Board.

Keeping in mind the recommendations for physical distancing during the COVID-19 pandemic, the Board will hold this hearing remotely through Microsoft Teams, a cloud-based, collaboration application.

The Board will email a calendar invitation to the hearing. The invitation will include a hyperlink to the Microsoft Teams meeting.

To ensure the privacy and propriety of this hearing, do not share or forward the emailed meeting invitation. If participation by additional persons is necessary, please contact the Board.

The undersigned requests that the Board send invitations for the hearing to the following via the emails noted:

Email for Claimant/Representative:

Email for Employer/Representative:

Email for SCF Representative:

Email for Other Party/Representative:

Barring unforeseen circumstances, the foregoing participants are expected to utilize the hyperlink in the invitation. Contact the Board immediately if any of the foregoing emails is incorrect, or if you do not receive the calendar invitation within one week of the date of this notice.

If your email is not listed above, you may participate in the hearing by calling (808) 829-4853 and entering the following conference ID number on the date and at the time of the hearing:

Conference ID: _____

Contact the Board at dlir.appealsboard@hawaii.gov or (808) 586-8600 ext. 2 by the following deadlines if you wish to

receive an emailed calendar invitation for the hearing or if you want to schedule a practice meeting:

Meeting link: at least 1 business day before hearing

Practice meeting: at least 1 week before hearing

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:

Name:

Address:

Address (continued):

City, State ZIP:

Identify Method of
Service:

Dated:

Signed:

Print name:
