

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.	)	
_____	)	

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(Title of Document)  
(continued on next page)

NOTICE OF NON-HEARING MOTION

(to be attached to motion documents)

AND

CERTIFICATE OF SERVICE

You are hereby notified that the Motion attached hereto has been filed with the Labor and Industrial Relations Appeals Board.

If a party desires a hearing on the motion, then such request must be filed with the Board no later than 14 days after the date of this notice. Any joinder to the motion or any memorandum in opposition must be filed no later than 14 days after the date of this notice. Reply memoranda may be filed within 21 days after the date of this notice.

The Board will then consider the motion and related filings and issue an appropriate order.

If no hearing is requested or no opposition memorandum is filed within 14 days, the Board will consider the motion and issue an appropriate order.

Refer to the Board's June 29, 2021 Administrative Order 2021-01 for information about filing documents with the Board. (See <https://labor.hawaii.gov/lirab/files/2021/06/Order-9-06.29.2021.pdf>.)

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 email, 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:

\_\_\_\_\_