

Name: _____
 Address: _____

 City, State, ZIP: _____
 Tel. Number: _____
 Email Address: _____
 Identify your role: _____

LABOR AND INDUSTRIAL RELATIONS APPEALS BOARD

STATE OF HAWAII

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

NOTICE OF WITHDRAWAL OF COUNSEL
and CERTIFICATE OF SERVICE

Notice is hereby given that as of _____, the
 (Date of Withdrawal)
 undersigned attorney is withdrawing from participation and representation of

_____ in this case. _____
(Name of Party) (Name of Party)

has been informed of and agrees to my withdrawal of representation.

All future communications, correspondence, and filings for service

for _____ should be directed as follows:
(Name of Party)

Name: _____

Address: _____

City, State ZIP: _____

Email: _____

Telephone: _____

Dated: _____

Signed: _____

Print Name: _____

CERTIFICATE OF SERVICE

I hereby certify that a copy of the foregoing document was sent to the following on the date and in the method of service manner noted below:

Name: _____

Address: _____

City, State ZIP: _____

Email: _____

Identify service method: _____

Name: _____

Address: _____

City, State ZIP: _____

Email: _____

Identify service method: _____

Name: _____

Address: _____

City, State ZIP: _____

Email: _____

Identify service method: _____

Dated: _____

Signed: _____

Print Name: _____