

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 AND SUBSTITUTION OF COUNSEL  
and CERTIFICATE OF SERVICE

Notice is hereby given that as of \_\_\_\_\_,  
 (Date of Substitution)  
 \_\_\_\_\_ substitutes \_\_\_\_\_, as  
 (Party Name) (Name of New Attorney)  
 counsel of record in place of \_\_\_\_\_ in this case.  
 (Name of Withdrawing Attorney)

All future communications, correspondence, and filings for service

for \_\_\_\_\_ should be directed as follows:  
(Name of New Attorney)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
City, State ZIP: \_\_\_\_\_  
Email: \_\_\_\_\_  
Telephone: \_\_\_\_\_

I consent to being substituted.

Dated: \_\_\_\_\_ Signed: \_\_\_\_\_  
(Signature of Withdrawing Attorney)  
Print Name: \_\_\_\_\_

I consent to the above substitution.

Dated: \_\_\_\_\_ Signed: \_\_\_\_\_  
(Signature of New Attorney)  
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: \_\_\_\_\_