

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,	)	
	)	Date of Accident: _____
vs.	)	
_____ ,	)	
Employer,	)	
	)	
and	)	
_____ ,	)	
Insurance Carrier.	)	
_____	)	

NOTICE OF TERMINATION OF COUNSEL  
and CERTIFICATE OF SERVICE

Notice is hereby given that as of \_\_\_\_\_ ,  
 (Date of Termination)

\_\_\_\_\_ dismisses \_\_\_\_\_ , as  
 (Name of Party) (Name of Dismissed Attorney )

counsel of record in this case. \_\_\_\_\_ has been  
(Name of Dismissed Attorney)  
informed of the termination.

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: \_\_\_\_\_