

Your information:

Name: _____

Address: _____

City, State, ZIP: _____

Tel. Number: _____

Email Address: _____

Identify your role:

LABOR AND INDUSTRIAL RELATIONS APPEALS BOARD

STATE OF HAWAII

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

REQUEST FOR SETTLEMENT CONFERENCE
and
CERTIFICATE OF SERVICE
 (Title of Document)

(continued on next page)

REQUEST FOR SETTLEMENT CONFERENCE

and

CERTIFICATE OF SERVICE

The undersigned hereby requests that the Board schedule a settlement conference in the above-entitled matter.

The undersigned confirms that exchanges of written, bona fide, and reasonable offers of settlement have occurred by and between all parties.

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: _____

City, State ZIP: _____

Email Address: _____

Identify method service:

Name: _____

Address: _____

City, State Zip: _____

Email Address: _____

Identify method service:

Dated: _____

Signed: _____

Print Name: _____