

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 HEARING and CERTIFICATE OF SERVICE

You are hereby notified that a hearing on _____'s
 Motion _____ is set for
 _____ at _____, Hawaii Standard Time, or as soon thereafter
 as the parties may be heard by the Board.

This hearing will be held by interactive conference technology. The Board will email you a calendar invitation to the hearing. The invitation will include a hyperlink to the Microsoft Teams meeting.

The Board will send invitations to the following via the means noted:

Email for Claimant/Representative: _____

Email for Employer/Representative: _____

Email for SCF Representative: _____

Email for Other Party/Representative: _____

Contact the Board immediately if any of the foregoing emails is incorrect or if you do not receive the calendar invitation within one week of the date of this notice.

If the emailed calendar invitation with a hyperlink to the event is unavailable or unsuccessful, call (808) 829-4853 and enter conference ID number _____, on the date and at the time of the hearing.

Any party who has not provided the Board with an email address will be conventionally served a copy of this notice. If you wish to receive an emailed calendar invitation, you must provide the Board with your email address at least two business days before the hearing.

To ensure the privacy and propriety of the hearing before the Board, do not share or forward any electronic meeting invitations, conference telephone number, and/or conference ID numbers. If attendance by additional participants (such as witnesses) is necessary, please provide the Board with the email address(es) of the additional participants at least two business days before the

hearing.

The parties are required to immediately notify the Board of any changes to their own contact information, including mailing addresses, email addresses, and telephone numbers.

Dated: _____

Signed: _____

Print Name: _____

CERTIFICATE OF SERVICE

I hereby certify that a copy of the foregoing document was sent to the following by means of hand-delivery, e-mail, and/or U.S. Mail, postage prepaid at the last known address/addresses, on the date noted below:

Name: _____

Address (line 1): _____

Address (line 2): _____

City, State, Zip: _____

Identify Method of Service: _____

Name: _____

Address (line 1): _____

Address (line 2): _____

City, State, Zip: _____

Identify Method of Service: _____

Name: _____

Address (line 1): _____

Address (line 2): _____

City, State, Zip: _____

Identify Method of Service: _____

Dated: _____

Signed: _____

Print Name: _____