

Name of Party or Representative

Address _____

Telephone _____

Claimant or Employer

LABOR AND INDUSTRIAL RELATIONS APPEALS BOARD

STATE OF HAWAII

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

REQUEST FOR TRANSCRIPT OF PROCEEDINGS

Pursuant to Section 12-47-56 of the Labor and Industrial Relations Appeals Board Rules of Practice and Procedure and in compliance with Rules 10 and 11 of the Hawaii Rules of Appellate Procedure, _____ [Claimant or Employer/Insurance Carrier], as [Appellant or Appellee], hereby brings this request for transcript of proceedings.

_____ [Claimant or Employer/Insurance
Carrier] hereby places an order with _____

[Name and Address of Certified Court Reporter] to obtain a
copy of the Board's audio CD for the

_____ [date(s) and type(s)]
of proceedings (e.g., trial, motion, etc.) to be
transcribed] and prepare transcripts of such proceedings.

When the transcripts are completed and filed with the
Board by such Certified Court Reporter, _____
[Claimant or Employer] asks that such transcripts, together
with all original papers and exhibits contained within and
filed with the Board that constitute the entire file(s) and
records, including all indexes prepared by the Board's
Chief Clerk, be made part of the Record on Appeal for
submission to the Intermediate Court of Appeals of the
State of Hawai'i.

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 and/or U.S. Mail, postage prepaid at the last known address(es):

Dated: _____

Signed: _____

Print Name: _____