



STATE OF HAWAII  
LABOR & INDUSTRIAL RELATIONS APPEALS BOARD  
Princess Keelikolani Building, 830 Punchbowl Street, Room 404, Honolulu, Hawaii 96813  
**INSTRUCTION SHEET FOR REVISED INITIAL CONFERENCE STATEMENT**

**Instructions**

**Please completely fill out the REVISED INITIAL CONFERENCE STATEMENT.**

The **Delivery Information** section below lists various delivery options. Please select the most convenient method and submit the completed form accordingly.

**Please remember to sign and date the form before submitting it.**

**Delivery Information**

**Delivery by U.S. Mail or In-Person**

Labor & Industrial Relations Appeals Board

Princess Keelikolani Building, 830 Punchbowl Street, Room 404, Honolulu, Hawaii 96813

**Certificate of Service:**

**A copy of your initial conference statement must be sent to all parties to the appeal.**

Name of Party or Representative \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Claimant or Employer \_\_\_\_\_

LABOR AND INDUSTRIAL RELATIONS APPEALS BOARD

STATE OF HAWAII

\_\_\_\_\_) )  
[Name of Claimant], )

vs. )

\_\_\_\_\_) )  
[Name of Employer], )

and )

\_\_\_\_\_) )  
[Name of Insurance Carrier], )

\_\_\_\_\_)

AB Case No: \_\_\_\_\_

DCD Case No: \_\_\_\_\_

INITIAL CONFERENCE STATEMENT OF \_\_\_\_\_  
[CLAIMANT or EMPLOYER]

\_\_\_\_\_, above-named, and hereby  
[Name of party]

submits the following Initial Conference Statement in accordance with the Notice of Initial Conference

dated \_\_\_\_\_ for purposes of an initial conference scheduled on \_\_\_\_\_ at  
[Date of notice] [Date of conference]

\_\_\_\_\_  
[Time of conference]

STATEMENT OF ISSUES

- 1.
- 2.
- 3.

WITNESSES

\_\_\_\_\_ designates as witnesses the following individuals or physicians:  
[Name of party]

- 1.
- 2.
- 3.

ESTIMATED LENGTH OF HEARING

It is anticipated that \_\_\_\_\_ will be necessary to present \_\_\_\_\_'s  
[# of hours] [Name of party]  
case-in-chief.

Dated: \_\_\_\_\_.

Signed: \_\_\_\_\_  
[Name of party or representative]

CERTIFICATE OF SERVICE

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

*[Name(s) and address(es) of person(s) receiving copy]*

Dated: \_\_\_\_\_.

Signed: \_\_\_\_\_  
*[Name of party or representative]*