



MEDICAL INQUIRY AND CONCILIATION PANEL
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Inquiry of)	MICP No. _____
)	
)	EX PARTE MOTION TO WAIVE
)	FILING FEES; AFFIDAVIT IN
)	SUPPORT OF EX PARTE MOTION TO
Inquiring Party(s),)	WAIVE FILING FEES
)	
vs.)	
)	
)	
)	
)	
)	
Health Care Provider(s).)	
)	
_____)	

EX PARTE MOTION TO WAIVE FILING FEES

Inquiring Party _____, hereby requests that the Director of the Department of Commerce and Consumer Affairs, waive Inquiring Party's filing fees in the above-captioned matter, pursuant to Hawai'i Revised Statutes §671-11.5.

In support of Inquiring Party's request to waive the filing fees, Inquiring Party submits the Affidavit in Support of Ex Parte Motion to Waive Filing Fees, attached hereto.

DATED: Honolulu, Hawai'i, _____.

Inquiring Party

- [] Ex Parte Motion is granted.
[] Ex Parte Motion is denied.

- [] The Inquiry is not meritorious.
[] The applicant is financially capable of paying the requisite filing fees.

DATED: Honolulu, Hawai'i, _____.

CATHERINE P. AWAKUNI COLÓN
Director

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)	
)	
)	
)	
Health Care Provider(s).)	
)	
_____)	

AFFIDAVIT IN SUPPORT OF
EX-PARTE MOTION TO WAIVE FILING FEES

CITY AND COUNTY OF HONOLULU)	
)	SS.
STATE OF HAWAII)	

I, _____, having
been first duly sworn on oath, deposes and says:

1. That I am the Inquiring Party in the above-captioned matter;
2. That I am not financially able to pay the filing fees of said proceeding;
3. That I believe that I am entitled to compensation, and that the issues which I desire to present as part of my Inquiry are the following: (List issues; attach additional sheet, if needed)

- a. _____

- b. _____

- c. _____

4. I further state that the responses which I have made to the questions and instructions listed below relating to my inability to pay the required filing fees are true.

- a. **Are you presently employed?** (Check one)

_____ Yes. I receive \$_____ per month.

List employer's name and address:

_____ No. The last employment I had ended on _____.

I received \$_____ per month while I was employed.

- b. **Have you received within the past twelve months any income from a business, profession or other form of self-employment, or in the form of rent, payments, interest, dividends or other source?**
(Check one)

_____ Yes. If the answer is yes, describe each source of income, and state the amount received from each during the past twelve months.

Source of Income

Amount Received

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

_____ No.

- c. **Do you own any cash or checking or savings account? (Check one)**

_____ Yes. The total value of the items owned is \$_____.

_____ No.

- d. **Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property, excluding ordinary household furnishings and clothing? (Check one)**

_____ Yes. The total value of the items owned is \$_____.

_____ No.

- e. **List the persons who are dependent upon you for support and state your relationship to those persons.**

Name

Relationship

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I understand that a false statement or answer to any question in this affidavit will subject me to penalties for perjury.

Further, Affiant sayeth naught.

Inquiring Party

Subscribed and sworn to before me
this _____ day of _____, 2015

Notary Public, State of Hawai'i

My Commission expires: _____