



DESIGN CLAIM CONCILIATION PANEL
OFFICE OF ADMINISTRATIVE HEARINGS
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Claim of

DCCP No. _____

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

Claimant(s),

vs.

Respondent(s).

EX PARTE MOTION TO WAIVE FILING FEES

Claimant _____, hereby requests that the Director of the Department of Commerce and Consumer Affairs, waive Claimant's filing fees in the above-captioned matter, pursuant to Hawai'i Revised Statutes §672B-4.

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

DATED: Honolulu, Hawai'i, _____.

Claimant

☐ Ex Parte Motion is granted.

☐ Ex Parte Motion is denied.

☐ The claim is not meritorious.

☐ The applicant is financially capable of paying the requisite filing fees.

DATED: Honolulu, Hawai'i, _____.

KEALI'I S. LOPEZ

Director

DESIGN CLAIM CONCILIATION PANEL
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STATE OF HAWAII

In the Matter of the Claim of

DCCP No. _____

AFFIDAVIT IN SUPPORT OF EX
PARTE MOTION TO WAIVE FILING
FEES

Claimant(s),

vs.

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

CITY AND COUNTY OF HONOLULU)
STATE OF HAWAII)

SS.

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

1. That I am the Claimant 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 redress, and that the issues which I
desire to present as part of my claim are the following: (List issues; attach additional
sheet, if needed)

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.

Signature

Subscribed and sworn to before me
this _____ day of _____, 201____.

Notary Public, State of Hawai`i

My Commission expires: _____