



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  
WAIVE FILING FEES

Inquiry Party (s),

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 mater, 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, \_\_\_\_\_

\_\_\_\_\_  
Inquiry Party

Ex Parte Motion is granted.

Ex Parte Motion to denied.

The Inquiry is not meritorious.

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

DATED: Honolulu, Hawai`i, \_\_\_\_\_

\_\_\_\_\_  
CATHARINE P. AWAKUNI COLÓN  
DIRECTOR

MEDICAL INQUIRY AND CONCILIATION PANEL  
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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-captured matter;
2. That I am not financially able to pay the filing fees of said proceedings;
3. That I believe that I am entitled to compensation, and the issues which I desire to present as part of 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 instruction 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 with 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?

\_\_\_\_\_ Yes. If the answer is yes, describe each source of income and state the amount you 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 it \$ \_\_\_\_\_.  
 No.
  
- d. Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property, excluding ordinary household furnishing 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 relation 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 \_\_\_\_\_,

\_\_\_\_\_  
 Notary Public State of Hawai'i  
 My Commission expires: \_\_\_\_\_