



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. _____
(For Office Use Only)

STATEMENT OF DESIGN CLAIM

Claimant(s),

vs.

Respondent(s).

STATEMENT OF DESIGN CLAIM

I. Name(s) and address(es) of Claimant(s):

II. Name(s) and address(es) of Respondent(s):

Claims cannot be accepted by the DCCP unless accompanied by: 1) the appropriate filing fee(s) of \$450 per named claimant, OR an Ex Parte Motion to Waive Filing Fees; and 2) a Certificate of Consultation. Claims and documents may be filed at the Design Claims Conciliation Panel located at 335 Merchant Street, Suite 100, Honolulu, Hawai'i 96813

III. Description of the alleged malpractice (attach additional pages if necessary):

A. When did it happen?

B. How did it happen?

C. Which design professional(s) do you believe was/were responsible for the alleged negligence?)

IV. What are the alleged negligent acts or omissions that fell below the applicable standard of care?

DATED: _____, Hawai'i, _____.
(County) (Date)

Signature

Phone Number: _____

Email Address: _____



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CERTIFICATE OF CONSULATION

Claimant(s),

vs.

Respondent(s).

CERTIFICATE OF CONSULATION

Pursuant to Hawai'i Revised Statutes §672B-6(a), the undersigned Claimant or Claimant's attorney, hereby certifies that (*check the appropriate box below*):

| | |
|--------------------------|---|
| <input type="checkbox"/> | <p><i>Consultation with Design Professional in the Same Design Specialty</i></p> <p>I have consulted with at least one design professional who is licensed to practice in the State of Hawai'i or in another state, and who is knowledgeable or experienced in the same specialty as the design professional against whom the above-captioned claim is being made, and that I have concluded on the basis of such consultation that there is a reasonable and meritorious cause for filing the above-captioned claim; <u>or</u></p> |
| <input type="checkbox"/> | <p>Consultation with Design Professional in a Related Design Specialty</p> <p>I was not able to consult with a design professional in the same specialty as the design professional against whom the claim is made, and instead I consulted with a design professional who is licensed to practice in the State of Hawai'i or in another state, who is knowledgeable and experienced in a specialty that is as closely related as practicable to the specialty of the design professional against whom the above-captioned claim is being made, and that I have concluded on the basis of such consultation that there is a reasonable and meritorious cause for filing above-captioned claim; or</p> |

| | |
|--------------------------|---|
| <input type="checkbox"/> | <p><i>Deferral Based Upon a Statute of Limitations</i></p> <p>I was not able to obtain the required consultation because a statute of limitations would impair the action and that the required certificate of consultation could not be obtained before the impairment of the action. I will file the required certificate of consultation within ninety (90) days after filing the claim. <i>I understand and acknowledge that if I do not file a certificate of consultation within ninety (90) days from the filing of this deferral, my claim will be dismissed as of the date I filed the above-captioned claim; or</i></p> |
| <input type="checkbox"/> | <p><i>Not Able to Obtain a Consultation</i></p> <p>I was not able to obtain the required consultation after I had made a good faith attempt to obtain such consultation and the design professional that I contacted would not agree to such a consultation.</p> |

I hereby certify that the information provided above is true and accurate to the best of my knowledge. I understand and acknowledge that the Design Claim Conciliation Panel may require me to disclose the name of any design professional consulted to fulfill the requirements of Hawai`i Revised Statutes §672B-6(a), and that the Design Claim Conciliation Panel may contact the design professional I consulted to verify the information stated above. I also understand and acknowledge that if the information I have provided above is determined to be untruthful or inaccurate, ***my claim will be dismissed as of the date I filed the above-captioned claim***, in addition to any other sanctions that may be imposed.

DATED: Honolulu, Hawai`i, _____.

Signature

I am the:

Claimant, or

Attorney for the Claimant