



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, _____

DENISE P. BALANAY
Senior Hearings Officer

MEDICAL INQUIRY AND CONCILIATION PANEL
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MICP No:

AFFIDAVIT IN SUPPORT OF
EX PARTE MOTION TO WAIVE
FILING FEES

Inquiring Party (s),

vs.

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-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?

_____ 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

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: _____