



OFFICE OF ADMINISTRATIVE HEARINGS
MEDICAL INQUIRY AND CONCILIATION PANELS
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Inquiry of

Inquiring Party(ies),

vs.

Health Care Provider(s).

Check if additional pages are attached

MICP No. _____
(For Office Use Only)

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

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 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
DEPARTMENT OF COMMERCE AND CONSUMER
AFFAIRS STATE OF HAWAII

In the Matter of the Inquiry of

MICP No. _____
(For Office Use Only)

AFFIDAVIT IN SUPPORT OF EX PARTE
MOTION TO WAIVE FILING FEES

Inquiring Party(ies),

vs.

Health Care Provider(s).

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AFFIDAVIT IN SUPPORT OF EX PARTE MOTION TO WAIVE FILING FEES

CITY AND COUNTY OF

SS.

HONOLULU 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:

4. (List issues; attach additional sheet, if needed)

Check if additional pages are attached

a. _____

b. _____

c. _____

5. 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?

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, within the past twelve (12) months, received any income from a business, profession, or other form of self-employment, or in the form of rent, payments, interest, dividends, or any other source?

Yes. If yes, describe each source of income and state the amount you received from each during the past twelve (12) 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 furnishing and clothing? (check one)

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

No.

e. List the person(s) who are dependent upon you for support and state your relation to those persons(s).

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: _____