



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

MICP No. _____
(For Office Use Only)

Inquiring Party(ies),

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

vs.

Health Care Provider(s).

☐ Check if additional pages are attached

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, _____

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),

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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 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: _____