



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

In the Matter of the Inquiry of

MICP No. _____
(For Office Use Only)

INQUIRY REGARDING RENDERING OF
PROFESSIONAL SERVICES

Inquiring Party(ies),

vs.

Health Care Provider(s).

☐ Check if additional pages are attached

INQUIRY FOR MEDICAL MALPRACTICE

I. Name(s) and address(es) of Inquiring Party(ies):

☐ Check if additional pages are attached

II. Name(s) and address(es) of the Health Care Provider(s):

☐ Check if additional pages are attached

Inquiries must include: (1) a \$450 filing fee per named Inquiring Party *or* an Ex-Parte Motion to Waive Filing Fees; **and** (2) a Certificate of Consultation. Submit documents to the Medical Inquiry and Conciliation Panel, 335 Merchant Street, Suite 100, Honolulu, HI 96813, or email: micp@dcca.hawaii.gov.

III. Description of the professional services that are the subject of your inquiry.

☐ Check if additional pages are attached

A. When did it happen?

B. How did it happen?

C. Which health care provider(s) and/or health care facilities do you believe were responsible for the alleged negligence?

IV. What are the alleged negligent acts or omissions that fell below the applicable standard of care? ☐ Check if additional pages are attached

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

Signature (Inquiring Party)

Signature

Print Name

Print Name & Relationship to Inquiring Party(ies) ☐ Attorney

Phone Number & Email Address

Email Address