



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)

Inquiring Party(ies),

vs.

INQUIRY REGARDING RENDERING OF
PROFESSIONAL SERVICES

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

Attorney

Print Name & Relationship to Inquiring Party(ies)

Phone Number & Email Address

Email Address