



CONTACT INFORMATION

Please complete and return this form, including an email address where you can be reached. All communications, notices, correspondence, and other documents will be sent to you via email. **Only lead attorneys of record will receive email communications regarding the case.** You are responsible for regularly checking your messages and acknowledging receipt upon opening any email from this Office. Legal documents will be deemed issued once they have been sent by email.

If no email address is provided, we will continue to send documents by standard mail or, if necessary, certified mail to your last known address.

A. Case Name: _____

B. Case Number: _____

C. Please type or print the *name of the party listed in A* submitting this email address: _____

D. Your Full Name (Please type or print clearly): _____

E. Your Relationship to the party identified in C: _____
(i.e. self/attorney/president/authorized representative, etc.)

F. Primary Email Address:
_____ @ _____

G. Alternate Email Address, if any:
_____ @ _____

Authorized Signature

PLEASE RETURN THIS FORM TO

micp@dcca.hawaii.gov

Mail may be sent to:

Medical Claims Conciliation Panel
Office of Administrative Hearings
335 Merchant Street, Room 100
Honolulu, HI 96813