



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. \_\_\_\_\_

Inquiring Party(ies),

EX-PARTE MOTION FOR LEAVE TO  
FILE AND RECEIVE DOCUMENTS  
ELECTRONICALLY

vs.

Health Care Provider(s).

**EX PARTE MOTION FOR LEAVE TO FILE  
AND RECEIVE DOCUMENTS ELECTRONICALLY**

The undersigned party/attorney/legal representative hereby respectfully requests leave to file documents electronically with the Medical Inquiry and Conciliation Panel (“MICP”), Office of Administrative Hearings, Department of Commerce and Consumer Affairs, State of Hawai'i, and to receive documents electronically from the MICP.

In support of this request, I make the following declaration:

I will be filing documents with the MICP via e-mail from the following e-mail address(es), and I accept responsibility for the authenticity of electronic submittals purporting to be from me, originating from the following email address(es):

1. \_\_\_\_\_
2. \_\_\_\_\_

I authorize the MICP to transmit documents and correspondence to me via e-mail at the following e-mail address(es):

1. \_\_\_\_\_ 2. \_\_\_\_\_

I will serve hard copies of all documents and pleadings on all other parties unless otherwise directed by the MICP.

I acknowledge that this Order shall be effective upon the date of issuance, and shall continue in effect until terminated by the MICP, or upon written motion filed by me.

I declare under penalty of law that the foregoing is true and correct.

DATED: Honolulu, Hawai'i, \_\_\_\_\_.

\_\_\_\_\_

The Ex Parte Motion for Leave To File and Receive Documents Electronically is hereby granted.

The Ex Parte Motion for Leave To File and Receive Documents Electronically is hereby denied.

DATED: Honolulu, Hawai'i, \_\_\_\_\_.

\_\_\_\_\_  
Senior Hearings Officer  
Department of Commerce  
and Consumer Affairs