

Attorney for **Inquiring Party** **Health Care Provider**

MEDICAL INQUIRY AND CONCILIATION PANEL  
STATE OF HAWAII

In the Matter of the Inquiry of

Inquiring Party(ies),

vs.

Health Care Provider(s).

MICP No. \_\_\_\_\_

*Check one:*

INQUIRING PARTY(IES)

HEALTH CARE PROVIDER(S)

PROCEEDING STATEMENT;  
CERTIFICATE OF SERVICE

Hearing Date: \_\_\_\_\_

Time: \_\_\_\_\_

**INQUIRING PARTY'S HEALTH CARE PROVIDER'S**  
**PROCEEDING STATEMENT**

I. NATURE OF THE INQUIRY (Brief summary of inquiry/response to inquiry)

II. INQUIRING PARTY'S/HEALTH CARE PROVIDER'S THEORY OF THE INQUIRY

Acts or omissions by health care providers which inquiring party believes constitutes negligence by Health Care Providers (Health Care Provider's response to the inquiry)

III. UNDISPUTED FACTS (List any significant facts which the parties agree upon)

- 1.
- 2.
- 3.

*Check box if additional page(s) attached*

IV. WITNESSES

A. Expert Witnesses

- 1.
- 2.

B. Lay Witnesses

- 1.
- 2.

*Check box if additional page(s) attached*

V. EXHIBITS (List and describe each exhibit)

- 1.
- 2.
- 3.
- 4.

*Check box if additional page(s) attached*

VI. LEGAL QUESTIONS (List any legal questions or issues that will be raised in the proceeding)

- 1.
- 2.
- 3.
- 4.

DATED: Honolulu, Hawaii, \_\_\_\_\_.

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**Inquiring Party      Health Care Provider**  
Attorney for Inquiring Party/Health Care Provider

**CERTIFICATE OF SERVICE**

I hereby certify that on this date, I caused a true and correct copy of the foregoing document to be duly served on the following person at the address indicated, via first class mail, postage prepaid, or hand-delivery (as indicated below):

	<b>Hand-delivered</b>	<b>Mailed</b>
<i>[Name of person served]</i>	(    )	(    )

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

\_\_\_\_\_  
NAME