



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),

REQUEST FOR APPROVAL TO SUBMIT  
INQUIRY TO AN ALTERNATIVE  
DISPUTE RESOLUTION PROVIDER

vs.

Health Care Provider(s).

**REQUEST FOR APPROVAL TO SUBMIT INQUIRY  
TO AN ALTERNATIVE DISPUTE RESOLUTION PROVIDER**

The undersigned parties and/or attorneys or representative(s) of the parties in the above-captioned matter, respectfully request that the Director of the Department of Commerce and Consumer Affairs, approve the submittal of the above-referenced Medical Inquiry and Conciliation Panel inquiry to an alternative dispute resolution provider, for disposition pursuant to Hawai'i Revised Statutes §671-16.6.

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

\_\_\_\_\_  
Inquiring Party

\_\_\_\_\_  
Health Care Provider

\_\_\_\_\_  
Inquiring Party

\_\_\_\_\_  
Health Care Provider

APPROVED:

\_\_\_\_\_  
Director