



**STATE OF HAWAII
 MEDICAL INQUIRY AND CONCILIATION PANEL
 DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS**

MEDICAL INQUIRY AND CONCILIATION PANEL Dept. of Commerce and Consumer Affairs 335 Merchant Street, Suite 100 Honolulu, Hawai'i 96813	SUBPOENA NOTICE TO APPEAR SUBPOENA DUCES TECUM	CASE NUMBER
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INQUIRING PARTY:	HEALTH CARE PROVIDER:
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THE STATE OF HAWAII TO:	COMMENTS:
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YOU ARE COMMANDED as indicated below, to testify on behalf of the **Inquiring Party** **Health Care Provider**

You are further ordered to bring with you the items listed in the comments section to the right.

DATE:
TIME:
LOCATION/ROOM:

ATTACH CONTINUATION PAGE IF NEEDED

DISOBEDIENCE of this subpoena may be punished as contempt by a court of competent jurisdiction.

DATE ISSUED	MICP ADMINISTRATOR / PANEL CHAIRPERSON
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RETURN OF SERVICE

	DATE	TIME	PLACE
SERVICE WAS MADE AT:			

Comments: I served the above-named person.
 I served this subpoena on another individual. (Explain below)

DATE	NAME OF SERVER	SIGNATURE
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