MEDICAL CLAIMS CONCILIATION PANEL
OFFICE OF ADMINISTRATIVE HEARINGS
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAI'I

In the Matter of the Claim of Claimant(s), vs. Respondent(s).	MCCP No. _____ REQUEST FOR THE APPOINTMENT OF PANEL CHAIRPERSON

REQUEST FOR THE APPOINTMENT OF PANEL CHAIRPERSON

The undersigned parties and/or attorneys or representatives of the parties in the above-captioned matter, respectfully request that the Director of the Department of Commerce and Consumer Affairs, appoint_____, to be the Chairperson of the Medical Claims Conciliation Panel in the above-captioned matter.

DATED: Honolulu, Hawai`i,_____.

_____ As _____	_____ As _____
_____ As _____	_____ As _____
_____ As _____	_____ As _____

[ ] The request for appointment of Panel Chairperson is granted.
[ ] The request for appointment of Panel Chairperson is denied.

_____
MARK E. RECKTENWALD
Director