

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS  
 STATE CERTIFIED ARBITRATION PROGRAM  
 STATE OF HAWAII

In the arbitration of: \_\_\_\_\_ )  
 \_\_\_\_\_ )  
 \_\_\_\_\_ )  
 Consumer(s), )  
 vs. \_\_\_\_\_ )  
 \_\_\_\_\_ )  
 \_\_\_\_\_ )  
 Manufacturer. )  
 \_\_\_\_\_ )

SCAP Case No. \_\_\_\_\_  
 Notification of Witness(es) to Appear at Arbitration Hearing  
 Hearing Date: \_\_\_\_\_  
 Hearing Time: \_\_\_\_\_

I declare that the witness(es) named below will be testifying at the arbitration hearing for the above-referenced case on behalf of the:    **Consumer(s)**    **Manufacturer:**

Name of Witness	Witness Type (choose one)	General Scope of Testimony (Required)
Witness 1:	Non-Expert Witness	
	Expert Witness (attach résumé or curriculum vitae)	
Witness 2:	Non-Expert Witness	
	Expert Witness (attach résumé or curriculum vitae)	
Witness 3:	Non-Expert Witness	
	Expert Witness (attach résumé or curriculum vitae)	

**I am aware that the Arbitrator may exercise the witness exclusionary rule. As such, witness(es) may be excluded from the Arbitration hearing until it is their time to testify so that they do not hear the testimony of other witnesses, potentially influencing their testimony. Witness(es) may need to remain in another room until they are called to testify.**

By: \_\_\_\_\_  
 (Signature)  
 \_\_\_\_\_  
 (Print Name)  
 \_\_\_\_\_  
 (Date)