BEFORE THE PUBLIC UTILITIES COMMISSION

OF THE STATE OF HAWAII

------In the Matter of------ )

)

PUBLIC UTILITIES COMMISSION ) DOCKET NO. 2025-0284

)

Instituting a Proceeding to )

Analyze Current Electric Utility )

Disconnection Practices to )

Consider Whether Disconnection )

Policy Revisions Are Appropriate. )

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

[COMPANY/INDIVIDUAL NAME]

MOTION TO INTERVENE

AND

CERTIFICATE OF SERVICE

I. Introduction

[Insert your (or your legal representation’s) contact information and description of your organization.]

II. Argument

Consistent with Hawaii Administrative Rules (“HAR”) 16-601-55, the following facts and reasons support granting this motion to intervene.

1. [HAR § 16-601-55(b)(1) requires “The nature of the applicant’s statutory or other right to participate in the hearing;”]

[Describe your right or legal authority to participate in this docket, if any.]

1. [HAR § 16-601-55(b)(2) requires “The nature and extent of the applicant’s property, financial, and other interest in the pending matter;”

[Describe how this review of electric utility disconnection policies and establishment of electric utility disconnection policy may directly affect your property, financial, or other personal or organizational interests.]

1. [HAR § 16-601-55(b)(3) requires “The effect of the pending order as to the applicant’s interest;”]

[Describe how the outcome of this docket could affect you or your organization]

1. [HAR § 16-601-55(b)(4) requires “The other means available whereby the applicant’s interest may be protected;”]

[Explain if there are other ways your interests can be represented and protected.]

1. [HAR § 16-601-55(b)(5) requires “The extent to which the applicant’s interest will not be represented by existing parties;”]

[The Consumer Advocate represents all ratepayers in the state. Describe how your position and interests differ from all ratepayers and any other party.]

1. [HAR § 16-601-55(b)(6) requires “The extent to which the applicant’s participation can assist in the development of a sound record;”]

[Describe how you or your organization can contribute to the Commission’s review of the electric utility disconnection policies and the establishment of electric disconnection policy.]

1. [HAR § 16-601-55(b)(7) requires “The extent to which the applicant’s participation will broaden the issues or delay the proceeding;”]

[Read the statement of issues and describe if you or your organization’s intervention is either within or beyond the stated issues]

1. [HAR § 16-601-55(b)(8) requires “The extent to which the applicant’s interest in the proceeding differs from that of the general public;”]

[Describe the unique attributes of you or your organization that differentiate you from the general public.]

1. [HAR § 16-601-55(b)(9) requires “Whether the applicant’s position is in support of or in opposition to the relief sought.”]

[State your position on the issues in this docket. This can be as simple as listing the statement of issues and then labeling each with either “support” or “oppose”.]

CERTIFICATE OF SERVICE

I hereby certify that on [Month DD, YYYY], I served a copy of the foregoing Motion to Intervene, together with this Certificate of Service to the following parties via the following method(s):

|  |  |  |
| --- | --- | --- |
| Party | Address or Email | Method |
| Division of Consumer Advocacy | c/o Michael S. Angelo Executive Director  Mailing Address:  PO Box 541  Honolulu, HI 96813  Physical Address:  335 Merchant Street, Rm. 326 Honolulu, HI 96813  Email:  Consumeradvocate@dcca.hawaii.gov | ð U.S. Mail  ð Hand Delivery  ð Email |
| Hawaiian Electric | c/o Kevin Katsura  Director, Regulatory Non-Rate Proceedings  Mailing Address:  P.O. Box 2750  Honolulu, HI 96840  Email:  Kevin.katsura@hawaiianelectric.com | ð U.S. Mail  ð Email |
| Kauai Island Utility Cooperative | c/o Beth Amaro  Member Services and Communications Manager  Physical and Mailing Address:  4463 Paheʻe Street, Suite 1  Līhue, HI 96766  Email:  bamaro@kiuc.coop | ð U.S. Mail  ð Hand Delivery  ð Email |

Dated: [City, State, e.g. Honolulu, Hawaii], \_\_\_\_\_\_\_\_, 20\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature of applicant or Applicant’s attorney)

[Your full name]