

\_\_\_\_\_  
Name and Bar No.

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone No.

Attorney for \_\_\_\_\_

☐ Alleged ☐ Father ☐ Mother

IN THE FAMILY COURT OF THE FIRST CIRCUIT

STATE OF HAWAII

) FC-S No. \_\_\_\_\_

)

) PRESIDING JUDGE: \_\_\_\_\_

) APPOINTMENT DATE: \_\_\_\_\_

)

)

REQUEST FOR PAYMENT IN EXCESS OF STATUTORY MAXIMUM FEE

Billing period from: \_\_\_\_\_ to: \_\_\_\_\_

**I. CASE PHASE**

☐ Predisposition [\$5,500 maximum allowed, HRS §571-87(c)(1)(A)]

☐ Postdisposition [\$2,000 maximum allowed, HRS §571-87 (c)(1)(B)]

**II. REASON(S)**

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

**III. PAYMENT AUTHORIZATION REQUESTED FROM \_\_\_\_\_ TO \_\_\_\_\_.**

PAYMENT APPROVED FOR: \_\_\_\_\_

\_\_\_\_\_  
Court-Appointed Counsel's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Senior Judge's Signature

\_\_\_\_\_  
Date