

**DECLARATION REGARDING ATTORNEYS' FEES AND COSTS; EXHIBITS**

<b>IN THE DISTRICT COURT OF THE THIRD CIRCUIT</b> _____ <b>DIVISION</b> <b>STATE OF HAWAI'I</b>	
Plaintiff(s)	Reserved for Court Use
Defendant(s)	Civil No.
	Filing Party/Attorney Name, Attorney Number (if applicable), Address, Telephone and Fax Numbers

**DECLARATION REGARDING ATTORNEYS' FEES AND COSTS**

I declare that I am the attorney for the prevailing party, and I request an award of attorneys' fees pursuant to Hawai'i Revised Statutes [check all that apply]:

- § 607-14 (assumpsit);     § 666-14 (summary possession);     § 514A-94 (condominium association);
- Other [specify statute] § \_\_\_\_\_.

The amount of the judgment (principal and interest) is anticipated to be \$ \_\_\_\_\_.

**I. ATTORNEY'S FEES (Select A or B)\***

**\*PLEASE NOTE:** In addition to completing section A or B below, you **must** attach as Exhibit 1 an itemized report of the time spent on the action and to be spent to obtain a final written judgment, the hourly rates, a brief description of the work performed, and the total fees requested:

**A. Fee Based on an Hourly Rate.**

I have expended and am likely to expend to obtain a final written judgment the following hours at the rate specified below.

Hours: \_\_\_\_\_ x Hourly Rate: \$ \_\_\_\_\_

Total Fees = \$ \_\_\_\_\_.

**B. Fee Based on an Agreed-Upon Fee (Explain the fee agreement below).**

The attorney's fee incurred in this action is not based on an hourly rate. The agreed-upon fee is \$ \_\_\_\_\_.

**TOTAL FEES REQUESTED: \$ \_\_\_\_\_**

ATTYFEES

**DECLARATION REGARDING ATTORNEYS' FEES AND COSTS (continued)**

**II. OTHER COSTS**

I request an award of costs for actual disbursements itemized below pursuant to Hawai'i Revised Statutes [check all that apply]:

§ 607-9;                       Other [specify statute]: § \_\_\_\_\_,

I have attached as Exhibit 2 true copies of invoices and/or receipts for the requested costs.

**\*PLEASE NOTE:** Do **not** include filing fees, service costs or mileage in your request for other costs. Such costs should be reflected on the Judgment form but do not require additional court approval.

<u>Item</u>	<u>Amount Requested</u>
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**TOTAL OTHER COSTS REQUESTED: \$ \_\_\_\_\_**

**I DECLARE UNDER PENALTY OF LAW THAT THE FOREGOING IS TRUE AND CORRECT.**

Date:	Signature of Declarant:   Print/Type Name:
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**ORDER**

**Approved and so Ordered:    Attorney's Fees: \$ \_\_\_\_\_    Other Costs: \$ \_\_\_\_\_.**

**Judge**



In accordance with the **Americans with Disabilities Act** if you require an accommodation for your disability, please contact the ADA Coordinator at PHONE NO. (808) 961-7424, FAX (808) 961-7411, or TTY (808) 961-7422 at least ten (10) working days in advance of your hearing appointment date. **For Civil related matters, please call or visit the District Court Civil Section at Hilo Division, 777 Kilauea Avenue, Hilo, Ph. (808) 961-7515 • Kohala Division, 67-5187 Kamamalu St., Kamuela, Ph. (808) 443-2030 • Kona Division, 79-1020 Haukapila St., Kealahou, Ph. (808) 322-8700.**

NOTE:

DECLARATION  
REGARDING ATTORNEY'S  
FEES AND COSTS

(FORM # 3DC02)

IS NOT REQUIRED FOR  
FEES OF \$500 OR LESS  
or FOR COSTS OF COURT  
FILING FEES, SERVICE  
COSTS AND MILEAGE

**UNLESS OTHERWISE  
ORDERED BY THE COURT**