

\_\_\_\_\_  
Name and Attorney 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: \_\_\_\_\_  
)

) HEARING DATE: \_\_\_\_\_  
)

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

REQUEST FOR PAYMENT IN EXCESS OF STATUTORY MAXIMUM FEE

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

**I. CASE PHASE**

[ ] Predisposition [\$3,000 maximum allowed, HRS §571-87(c)(1)(A)]

[ ] Postdisposition [\$1,000 maximum allowed for postdisposition review hrg, HRS §571-

**II. REASON(S)**

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

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

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

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date