

## ‘OHANA CONFERENCE ATTENDANCE VERIFICATION FORM

### INSTRUCTIONS

1. The attorney shall complete the following information below **before** submission to the Conference Facilitator at the ‘Ohana Conference:
  - Case Number
  - Case Name
  - Name of Attorney
  - Date of the ‘Ohana Conference
  - Name of Assigned Judge
2. The Conference Facilitator shall verify the start and end times when the attorney presented the form for signature when he/she arrived and left the conference. Please use **one form per case attendance**.
3. The attorney shall attach this verification form to his/her *Invoice for Attorney’s Fees and Costs* when billing for attendance at an ‘Ohana Conference.

CASE NUMBER: \_\_\_\_\_

CASE NAME: \_\_\_\_\_

NAME OF ATTORNEY: \_\_\_\_\_

DATE OF ‘OHANA CONFERENCE: \_\_\_\_\_

ASSIGNED JUDGE’S NAME: \_\_\_\_\_

ARRIVAL TIME	DEPARTURE TIME	TOTAL TIME

FACILITATOR’S SIGNATURE: \_\_\_\_\_

PRINT FACILITATOR’S NAME: \_\_\_\_\_

DATE: \_\_\_\_\_



In accordance with the Americans with Disabilities Act, as amended, and other applicable state and federal laws, if you require accommodation for a disability, please contact the ADA Coordinator at the First Circuit Family Court office by telephone at 954-8200, fax 954-8308, or via email at [adarequest@courts.hawaii.gov](mailto:adarequest@courts.hawaii.gov) at least ten (10) days prior to your hearing or appointment date.