# Court-Appointed Attorney Monthly Caseload & Billing Report

Attorney's Name:_____ Month/Year: _____

| FC-S Case No. | Judge's Initials | Case Name | Amount |
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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 at least ten (10) days prior to your hearing or appointment date.

*Please call the Family Court Service Center at **954-8290** if you have any questions about forms or procedures.*

RESET FORM