

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

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

NO. \_\_\_\_\_

IN THE

OF THE STATE OF HAWAII

IN RE ATTORNEYS' FEES AND  
NECESSARY EXPENSES FOR

) TRIAL COURT CASE NO. \_\_\_\_\_  
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\_\_\_\_\_,  
Defendant-Appellant.  
\_\_\_\_\_

**REQUEST AND DECLARATION OF COUNSEL**

In accordance with Hawaii Rules of Appellate Procedure (HRAP) Rule 39(d), I, \_\_\_\_\_, Defendant-Appellant's attorney, request compensation for necessary and authorized expenses and attorneys' fees incurred on appeal on Defendant-Appellant's behalf and, in conjunction herewith aver, as follows:

1. I was appointed to represent Defendant-Appellant \_\_\_\_\_ by order of the \_\_\_\_\_ court of the \_\_\_\_\_ circuit, on \_\_\_\_\_, which order is attached as Appendix A.

2. I request reimbursement for necessary and authorized expenses as follows:

<u>Expense</u>	<u>Amount</u>	<u>Authority</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
TOTAL EXPENSES	_____	_____

A true and correct itemized accounting of these necessary expenses, including relevant invoices and receipts, is attached as Appendix B.

3. I have expended the following hours in attorney work for this appeal and, pursuant to Hawaii Revised Statutes § \_\_\_\_\_, request amounts as follows:

	<u>Activity</u>	<u>Hours</u>	<u>Amount</u>
a.	Correspondence, Interviews and Conferences	_____ @ _____	_____
b.	Obtaining & Reviewing Records	_____ @ _____	_____
c.	Legal Research	_____ @ _____	_____
d.	Drafting	_____ @ _____	_____
e.	Oral Argument (In-court)	_____ @ _____	_____
f.	Other (Specify) _____	_____ @ _____	_____
	TOTAL FEES	_____	_____

Attached hereto as Appendix C are hourly worksheets, prepared in accordance with HRAP Form 7 and contemporaneously with the work performed as noted thereon and truthfully reflecting the amount of work actually performed in the representation of the Defendant-Appellant.

I, \_\_\_\_\_, declare under penalty of law, as provided by HRAP Rule 52, that the foregoing is true and correct.

DATED: \_\_\_\_\_.

\_\_\_\_\_

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