
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: _____

INVOICE FOR ATTORNEY'S FEES AND COSTS

Billing period from: 2/17/15 to 3/15/15

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

A. OUT-OF-COURT

DATE	DESCRIPTION OF SERVICE	HOURS	
02/17/15	School visit with Minor & teachers	1.50	
02/23/15	Waiting at court for hearing	.4	
		1.90 hours at \$60 per hour =	\$ <u>114.00</u>

B. IN-COURT [on record]

02/23/15	Hearing on Motion	.60	
		.60 hours at \$90 per hour =	\$ <u>54.00</u>

II. TRIAL

02/25/15	Trial	2.30	
		2.30 hours at \$90 per hour =	\$ <u>207.00</u>

III. POSTDISPOSITION [\$1,000 maximum allowed, HRS §571-87(c)(1)(B)]

A. OUT-OF-COURT

03/04/15	Home visit with Minor	1.00	
		1.00 hour at \$60 per hour =	\$ <u>60.00</u>

B. IN-COURT [\$1,000 maximum allowed for postdisposition review hrg, HRS §571-87(c)(1)(B)]

03/09/15	Review Hearing	.05	
		.05 hours at \$90 per hour =	\$ <u>90.00</u>

TOTAL FEES FOR PROFESSIONAL SERVICES..... \$ 207.00

IV. COSTS [e.g., Notary, Copying, Postage, etc. (Itemize & attach receipts)]

Copies	5 at \$0.10	\$.50
Postage	10 at \$0.50	\$ 5.00

TOTAL COSTS..... \$ 5.50

TOTAL FEES AND COSTS REQUESTED..... \$ 212.50

I declare under penalty of law that the foregoing is true and correct.

Court-Appointed Counsel's Signature

Date

CERTIFIED & APPROVED FOR PAYMENT:

APPROVED FOR EXCESS BILLING

Presiding Judge

Date

Senior Judge

Date