

**DECLARATION REGARDING ATTORNEYS' FEES AND COSTS; EXHIBITS**

Form# 1DC02

<b>IN THE DISTRICT COURT OF THE FIRST CIRCUIT</b> _____ <b>DIVISION</b> <b>STATE OF HAWAI'I</b>	
Plaintiff	Reserved for Court Use
Defendant	Civil No.
Filing Party/Attorney Name, Attorney Number, Firm Name (if applicable), Address and Telephone Number	

**DECLARATION REGARDING ATTORNEYS' FEES AND COSTS**

I am the attorney for the prevailing party, and I request an award of attorneys' fees pursuant to Hawai'i Revised Statutes [check all that apply]:

- § 607-14 (assumpsit);  § 521-35 (residential rental agreement);  Commercial lease agreement;
- § 514B-157 (condominium association);  § 421J-10 (planned community association)  Other statute § \_\_\_\_\_.

The amount of the judgment (principal and interest) is anticipated to be \$ \_\_\_\_\_.

**I. ATTORNEYS' FEES (Select A or B)\***

**\*PLEASE NOTE: In addition** to completing section A or B below, you **must** attach as Exhibit 1 an itemized report of the time spent on the action and to be spent to obtain a final written judgment, the hourly rates, a brief description of the work performed, and the total fees requested.

**A. Fee Based on an Hourly Rate.**

I have expended and am likely to expend to obtain a final judgment the following hours at the rate specified below.

Hours: \_\_\_\_\_ x Hourly Rate: \$ \_\_\_\_\_

Total Fees = \$ \_\_\_\_\_

**B. Fee Based on an Agreed-Upon Fee (Explain the fee agreement below).**

The attorneys' fee incurred in this action are not based on an hourly rate. The agreed-upon fee is \$ \_\_\_\_\_.

**TOTAL FEES REQUESTED: \$ \_\_\_\_\_**

**SEE PAGE 2**

**DECLARATION REGARDING ATTORNEYS' FEES AND COSTS (continued)**

**II. OTHER COSTS**

I request an award of costs for actual disbursements itemized below pursuant to District Court Rules of Civil Procedure Rule 54(d) and Hawai'i Revised Statutes [check all that apply]:

§607-9;                       Other [specify statute]: § \_\_\_\_\_.

I have attached as Exhibit 2 true copies of invoices and/or receipts for the requested costs.

**\*PLEASE NOTE:** Do **not** include filing fees, service costs or mileage in your request for other costs. Those costs should be reflected on the Judgment form but do not require additional court approval.

<u>Item</u>	<u>Amount Requested</u>
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**TOTAL OTHER COSTS REQUESTED: \$ \_\_\_\_\_**

**I DECLARE UNDER PENALTY OF LAW THAT THE FOREGOING IS TRUE AND CORRECT.**

Date:	Signature of Declarant:
For Court Use Only:	Print/Type Name:

**ORDER**

**Approved and so Ordered: Attorneys' Fees: \$ \_\_\_\_\_; Other Costs: \$ \_\_\_\_\_**

Judge



In accordance with the Americans with Disabilities Act and other applicable state and federal laws, if you require an accommodation for a disability when working with a court program, service, or activity, please contact the District Court Administration Office at PHONE NO. 538-5121, FAX 538-5233, or TTY 539-4853 at least ten (10) working days before your proceeding, hearing, or appointment date. **For Civil-related matters, please call 538-5629 or visit the District Court Service Center at 1111 Alakea Street, Third (3<sup>rd</sup>) Floor.**