

‘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 at least ten (10) days prior to your hearing or appointment date.