

[] ORIGINAL [] DUPLICATE
COURT VERIFICATION LONG FORM

FOR COURT-APPOINTED PARENT'S ATTORNEY IN FC-S CASES

INSTRUCTIONS

1. The attorney shall complete the following information below **before** submission to the Court Clerk at the hearing/trial:
 - ▶ Case Name
 - ▶ Case No.
 - ▶ Name of Attorney
 - ▶ Date of Hearing
 - ▶ Name of Judge
 - ▶ Type of Hearing
2. The Court Clerk shall verify the start and end times when on the record during the hearing/trial, sign this form and return the form to the attorney. Please use one form per case per day.
3. The attorney shall attach this Court Verification Long Form to his/her *Invoice for Attorney's Fees and Costs*.

CASE NO.: FC-S No. _____

CASE NAME: _____

NAME OF ATTORNEY: _____

DATE OF HEARING: _____

SCHEDULED HEARING TIME: _____

TYPE OF HEARING: _____

START TIME	END TIME	SUB-TOTAL	START TIME	END TIME	SUB-TOTAL
TOTAL HOURS/MINUTES =			TOTAL HOURS/MINUTES =		

CLERK'S SIGNATURE: _____

PRINT CLERK'S NAME: _____

NAME OF JUDGE: _____



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.