

Counsel _____

(Page 1 of Form F)

Address _____

Atty. No. _____

Tel. No. _____

IN THE [CIRCUIT][DISTRICT][FAMILY] COURT OF THE [FIRST][SECOND][THIRD][FIFTH] CIRCUIT

STATE OF HAWAI'I

STATE OF HAWAI'I,

vs.

Defendant.

) CR. No. _____
) CHARGE(S) _____
) Date of Appointment: _____
) (Order Attached)
) Presiding Judge: _____
) Trial Date: _____

REQUEST FOR ATTORNEY'S FEES

PURPOSE: [] Felony [] Misd. Jury Tr. [] Misd. Jury Waived [] Petty Misd.
[] Other Administrative Judicial Proceeding

BILLING PERIOD FROM: _____ TO: _____
[] Partial [] Final Billing

Table with 3 columns: ACTIVITY, HOURS, AMOUNT. Rows include Client Contact, Investigation, Research, Conferences, Other, Court Appearances, and TOTAL.

TOTAL FEE FOR PROFESSIONAL SERVICES: \$ _____

Attached hereto as Exhibit A are hourly worksheets prepared contemporaneously with the work performed as noted thereon and truthfully reflecting the amount of work actually performed in the representation of Defendant. Payment has not been received and the BILLING RECAP is attached.

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

DATED: _____

Attorney Signature

Judge of the Above-Entitled Court

Date

APPROVED FOR \$ _____

Administrative Judge

Date

APPROVED FOR \$ _____

Counsel _____
Address _____
Atty. No. _____
Tel. No. _____

IN THE [CIRCUIT][DISTRICT][FAMILY] COURT OF THE [FIRST][SECOND][THIRD][FIFTH] CIRCUIT

STATE OF HAWAI'I

STATE OF HAWAI'I,)
vs.) CR. No. _____
) CHARGE(S) _____
) Date of Appointment: _____
) (Order Attached)
Defendant.) Presiding Judge: _____
) Trial Date: _____

REQUEST FOR ATTORNEY'S COSTS

PURPOSE: [] Felony [] Misd. Jury Tr. [] Misd. Jury Waived [] Petty Misd.
[] Other Administrative Judicial Proceeding

BILLING PERIOD FROM: _____ TO: _____
[] Partial [] Final Billing

Summary of Expenses Cost

TOTAL COST: \$ _____

Attached hereto as Appendix A are expense worksheets, prepared contemporaneously with the work performed as noted thereon and truthfully reflecting the expenses incurred in the representation of Defendant. True and correct invoices or receipts for these necessary expenses are attached as Appendix B. Payment has not been received and the BILLING RECAP is attached.

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

DATED: _____ Attorney Signature

Judge of the Above-Entitled Court Date APPROVED FOR \$ _____

Administrative Judge Date APPROVED FOR \$ _____