

SUPREME COURT CLERK'S OFFICE 417 SOUTH KING STREET HONOLULU, HAWAI'I 96813-2912

FINANCIAL DISCLOSURE STATEMENT

THIS SPACE FOR OFFICE USE ONLY

Electronically Filed Supreme Court SCFD-22-0000284 19-APR-2022 10:06 AM Dkt. 1 FDS

Before completing this form please read the instructions for Financial Disclosure Statement, including the text of Supreme Court Rule 15. REMINDER: For all items requiring a monetary amount, the following financial range codes SHOULD be used.

- A Less than \$1,000
- B At least \$1,000 but less than \$10,000
- C At least \$10,000 but less than \$25,000
- D At least \$25,000 but less than \$50,000

- E At least \$50,000 but less than \$100,000 F - At least \$100,000 but less than \$150,000
- H At least \$250,000 but less than \$500,000 I - At least \$500,000 but less than \$750,000
- J At least \$750,000 but less than \$1,000,000

G - At least \$150,000 but less than \$250,000

K -\$1,000,000 or more

TO BE FILED BY ALL FULL TIME AND PER DIEM JUDGES.

(Type only)								
NAME:	Rous	е	James		Robert		NAME OF SPOUSE OR DOMESTIC PARTNER: Mona Lani Rouse	
NAME:	(LAST)		(FIRST)		(MIDDLE)			
OFFICE	E ADDRES	s.	2145 Main St.				No. of Depende	ent Children:
OF FICE ADDITE		О.	NUMBER, STREET				(Do not include	names)
CITY OF	R TOWN:	W	ailuku	ZIP CODE	96761		0	
JUDICIA	AL POSITION	N H	ELD DATE OF APPOINT	MENT		OFFICE PH	ONE	
District	/Family	/ Co	ourt	03/25/2021			80824	42700
CALENI	DAR YEAR	CO	/ERED BY THIS DISCLOSURE: 20 <u>21</u>					
ITEM	1	JL	IDICIAL COMPENSATION					ANNUAL INCOME
RSCH 1	5(0)(1)							G
ITEM RSCH 1	2 5(d)(1)		IDGE'S OTHER INCOME income for services rendered exceeds \$1,000)					
None	3	INI	COME OF SPOUSE OR DOMESTIC PARTNER A	AND DES	BUSINESS A	DDRESS		ANNUAL INCOME
RSCH 1		INCOME OF SPOUSE OR DOMESTIC PARTNER AND DEPENDENT CHILDREN (if income for services rendered exceeds \$1,000)						
State o	of Hawa	aii F	EMPLOYE	≣R				ANNUAL INCOME D

ITEM 4 RSCH 15(d)(1)	ANY OTHER INCOME, FOR SERVICES RENDERED, IN EXCESS OF \$1,000 - INCOME DISCLOSED IN ITEMS 1 - 3 NEED NOT BE REPEATED HERE						
	SOURCE		N	ATURE OF SERVICES RE	ENDERED		AMOUNT
	Check here if entry is None			ave attached additional she		TE 114	//N/O A
ITEM 5 RSCH 15(d)(2)	EACH OWNERSHIP OR BENEFICIAL I VALUE OF \$5,000 OR MORE OR EQU					IE, HA	VING A
ITEM 6 RSCH 15(d)(2)	Check here if entry is None OWNERSHIP OR BENEFICIAL INTER NAME OF BUSINESS		e if you h	ave attached additional she	IS DISCLOSURE PERIOD		ENTER AMOUNT OR NO. OF SHARES
	No ali legge if gates in Naga		- if l				
Check here if entry is None Check here if you have attached additional sheets							
ITEM 7 RSCH 15(d)(3) LIST EACH OFFICERSHIP, DIRECTORSHIP, TRUSTEESHIP OR OTHER FIDUCIARY RELATIONSHIP HELD IN ANY BUSINESS.							
	NAME OF BUSINESS	Chack hor	e if vou h		RM OF OFFICE		PENSATION 'amount or NONE)
	Check here if entry is None	Check her	e it you h	ave attached additional she	eets		

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ITEM 8 RSCH 15(d)(4)		LIST CREDITORS, OTHER THAN CREDIT CARD ACCOUNTS, TO WHOM MORE THAN \$3,000 WAS OWED DURING THE DISCLOSURE PERIOD. LIST CREDIT CARD DEBT THAT EXCEEDED \$10,000 FOR SIX MONTHS OR MORE.							
	NAME AND ADDRES			ORIGINAL AMOUNT OWED	AMC	OUNT OWED AT END OF YEAR			
First Hawaiia	n Bank-Auto 999 E	Bishop St. Honolulu Hi.	96813	D		В			
OSLA 525 Ce	entral Park Dr. #60	Е		Е					
c	Check here if entry is None Check here if you have attached additional sheets								
ITEM 9 RSCH 15(d)(5)	REAL PROPERTY IN	THE STATE IN WHICH IS I	HELD AN INTER	REST WITH A FAIR MARKET VALUE	OF \$10,000 OF	R MORE.			
		POSTAL ZIP CODE OF LC	CATION			VALUE			
CI	heck here if entry is No	ne Che	ck here if you ha	ave attached additional sheets					
ITEM 10 RSCH 15(d)(5)	REAL PROPERTY, T	HE FAIR MARKET VALUE C	F WHICH EXC	EEDS \$10,000. ACQUIRED DURING	THE DISCLOS	URE PERIOD.			
	ODE OF LOCATION	NATURE OF INTEREST		E AND ADDRESS OF PERSON REC	EIVING	CONSIDERATION GIVEN			
			CON	SIDERATION					
∠ C	Check here if entry is None Check here if you have attached additional sheets								
ITEM 11 RSCH 15(d)(5) REAL PROPERTY, THE FAIR MARKET VALUE OF WHICH EXCEEDS \$10,000, TRANSFERRED DURING THE DISCLOSURE PERIOD.									
POSTAL ZIP CO	DDE OF LOCATION	NAME AND ADDRESS (OF PERSON FU	JRNISHING CONSIDERATION		CONSIDERATION RECEIVED			
	heck here if entry is No	no Cho	ok here if you be	ave attached additional sheets					

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ITEM 12 RSCH 15(d)(6)	CREDITOR INTEREST IN INSOLVENT BUSINESS HAVING A VALUE OF \$5,000 OR MORE.							
NAME OF BUSINESS		NATURE OF BUSINESS NATURE OF INTEREST		VALUE				
	Check here if entry is None	Check here if you have attached addit	tional sheets					
ITEM 13 RSCH 15(d)(7); Rule 3. 13 Revised Code of Judicial Conduct	GIFT(S) THAT MUST BE REPORTED UNDER RULE 3. 13(c) OF THE HAWAI'I REVISED CODE OF JUDICIAL CONDUCT.							
	SOURCE	DESCRIPTIO	N OF GIFT	ESTIMATED VALUE				
	heck here if entry is None	Check here if you have attached addit	tional sheets					
ITEM 14 RSCH 15(d)(8) & 22(h)	FULL-TIME JUDGES' APPROVED JUDICIAL EDUCATION							
I attended 6.5 hours of Approved Judicial Education during the reporting period.								
REMARKS:								
See attached sheets.								
CERTIFICATION: I hereby certiffy that the above is a true, correct, and complete statement.								
SIGNATURE: /	s/ James Rouse		DATE:	4/19/2022				
NOTE: This filing is not valid without a signature.								

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