



SUPREME COURT CLERK'S OFFICE
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HONOLULU, HAWAII 96813-2912

FINANCIAL DISCLOSURE

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**Electronically Filed
Supreme Court
SCFD-25-0000144
10-MAR-2025
04:00 PM
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
G - At least \$150,000 but less than \$250,000
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
K - \$1,000,000 or more

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

(Type only)

| | | | |
|---|--|---------------------------------------|--|
| NAME: Devens (LAST) | Vladimir (FIRST) | P (MIDDLE) | NAME OF SPOUSE OR DOMESTIC PARTNER: Joy Devens |
| OFFICE ADDRESS: 417 S. King Street NUMBER, STREET | | | No. of Dependent Children: (Do not include names) 1 |
| CITY OR TOWN: Honolulu | ZIP CODE: 96813 | | |
| JUDICIAL POSITION HELD Associate Justice | DATE OF APPOINTMENT 01/12/2024 | OFFICE PHONE (808) 539-4720 | |

CALENDAR YEAR COVERED BY THIS DISCLOSURE: **2024**

| | | |
|---|--|--|
| ITEM 1 RSCH 15(d)(1) | JUDICIAL COMPENSATION | ANNUAL INCOME G |
| ITEM 2 RSCH 15(d)(1) | JUDGE'S OTHER INCOME (if income for services rendered exceeds \$1,000) | |
| EMPLOYER/LAW FIRM Law Offices of Vladimir P. Devens, LLC nka Alapa & Otake (Equity shareholder buy out) | | BUSINESS ADDRESS 707 Richards Street, Hon., HI 96813 |
| | | ANNUAL INCOME I |
| ITEM 3 RSCH 15(d)(1) | INCOME OF SPOUSE OR DOMESTIC PARTNER AND DEPENDENT CHILDREN (if income for services rendered exceeds \$1,000) | |
| EMPLOYER Alapa & Otake, LLLC (spouse) | | ANNUAL INCOME H |

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| 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 | NATURE OF SERVICES RENDERED | AMOUNT |
| | Rental Unit | Rental income | D |
| <input type="checkbox"/> Check here if entry is None <input type="checkbox"/> Check here if you have attached additional sheets | | | |
| ITEM 5 RSCH 15(d)(2) | EACH OWNERSHIP OR BENEFICIAL INTEREST, HELD IN ANY BUSINESS CARRYING ON BUSINESS IN THE STATE, HAVING A VALUE OF \$5,000 OR MORE OR EQUAL TO 10% OF THE OWNERSHIP OF THE BUSINESS. | | |
| | NAME OF BUSINESS | NATURE OF BUSINESS | NATURE OF INTEREST |
| | | | ENTER AMOUNT OR NO. OF SHARES |
| <input type="checkbox"/> Check here if entry is None <input checked="" type="checkbox"/> Check here if you have attached additional sheets | | | |
| ITEM 6 RSCH 15(d)(2) | OWNERSHIP OR BENEFICIAL INTEREST UNDER ITEM 5 TRANSFERRED DURING THIS DISCLOSURE PERIOD | | |
| | NAME OF BUSINESS | DATE OF TRANSFER | VALUE OF TRANSFER |
| | | | |
| <input type="checkbox"/> Check here if entry is None <input checked="" type="checkbox"/> 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 | TITLE AND TERM OF OFFICE | COMPENSATION (enter amount or NONE) |
| | | | |
| <input checked="" type="checkbox"/> Check here if entry is None <input type="checkbox"/> Check here if you have attached additional sheets | | | |

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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 ADDRESS OF CREDITOR | ORIGINAL AMOUNT OWED | AMOUNT OWED AT END OF YEAR |
| Bank of Hawaii: 4634 Kilauea Ave., Hon., HI 96816 | I | I |

☐ Check here if entry is None

☐ Check here if you have attached additional sheets

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| ITEM 9 RSCH 15(d)(5) | REAL PROPERTY IN THE STATE IN WHICH IS HELD AN INTEREST WITH A FAIR MARKET VALUE OF \$10,000 OR MORE. | |
| POSTAL ZIP CODE OF LOCATION | VALUE | |
| 96821 | K | |
| 96821 | K | |
| 96821 | K | |
| 96816 | K | |

☐ Check here if entry is None

☐ Check here if you have attached additional sheets

| | | | |
|-----------------------------|--|--|---------------------|
| ITEM 10 RSCH 15(d)(5) | REAL PROPERTY, THE FAIR MARKET VALUE OF WHICH EXCEEDS \$10,000. ACQUIRED DURING THE DISCLOSURE PERIOD. | | |
| POSTAL ZIP CODE OF LOCATION | NATURE OF INTEREST | NAME AND ADDRESS OF PERSON RECEIVING CONSIDERATION | CONSIDERATION GIVEN |
| | | | |

☒ 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 CODE OF LOCATION | NAME AND ADDRESS OF PERSON FURNISHING CONSIDERATION | CONSIDERATION RECEIVED |
| | | |

☒ Check here if entry is None

☐ Check here if you have 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 additional sheets

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| 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 HAWAII REVISED CODE OF JUDICIAL CONDUCT. | | |
| SOURCE | DESCRIPTION OF GIFT | | ESTIMATED VALUE |
| | | | |

☒ Check here if entry is None

☐ Check here if you have attached additional sheets

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|-------------------------------------|---|
| ITEM 14 RSCH 15(d)(8) & 22(h) | FULL-TIME JUDGES' APPROVED JUDICIAL EDUCATION |
|-------------------------------------|---|

I attended 32.50 hours of Approved Judicial Education during the reporting period.

REMARKS:

☐ See attached sheets.

CERTIFICATION: I hereby certify that the above is a true, correct, and complete statement.

SIGNATURE: /s/ Vladimir Devens

DATE: 03/10/2025

NOTE: This filing is not valid without a signature.