
Name and Attorney No.

Address

Telephone No.

Attorney for

Alleged Father Mother

IN THE FAMILY COURT OF THE FIRST CIRCUIT

STATE OF HAWAI'I

) FC-S No. _____

)

) PRESIDING JUDGE: _____

) HEARING DATE: _____

) APPOINTMENT DATE: _____

REQUEST FOR PAYMENT IN EXCESS OF STATUTORY MAXIMUM FEE

Billing period from: _____ to _____

I. CASE PHASE

Predisposition [\$3,000 maximum allowed, HRS §571-87(c)(1)(A)]

Postdisposition [\$1,000 maximum allowed for postdisposition review hrg, HRS §571-

II. REASON(S)

III. PAYMENT AUTHORIZATION REQUESTED FROM _____ TO _____.

PAYMENT APPROVED FOR: _____.

Court-Appointed Counsel's Signature Date

Senior Judge's Signature Date