

AFFIDAVIT OF COUNSEL RE: ATTORNEY'S FEES AND COSTS; APPENDIX

TWO-SIDED FORM
Form #1DC02

IN THE DISTRICT COURT OF THE FIRST CIRCUIT
 _____ **DIVISION**
STATE OF HAWAI'I

Plaintiff(s)

Reserved for Court Use

Civil No.

Defendant(s)

Filing Party(ies)/Filing Party(ies)' Attorney (Name, Attorney Number, Firm Name (if applicable), Address, Telephone and Facsimile Numbers)

AFFIDAVIT OF COUNSEL RE: ATTORNEY'S FEES AND COSTS

STATE OF HAWAI'I)
) SS.
 _____)

Affiant, being first duly sworn on oath, declares and says: I am the attorney for the prevailing party in this action and request compensation for attorney's fees pursuant to Hawai'i Revised Statutes § _____ or _____, and necessary and reasonable expenses. The anticipated amount of the judgment to be awarded (principal and interest) is \$ _____.

I. Attorney's Fees. (Select A or B)

A. Fee Based on an Hourly Rate.

I have expended and am likely to expend to obtain final judgment the following hours in attorney work and at the hourly rate specified below. The time expended was reasonable and necessary to prosecute/defend this action. Attached as Appendix A is an itemized report of the time expended and description of the work performed based on information obtained from attorney timesheets or hourly worksheets prepared contemporaneously with the work performed as noted thereon and truthfully reflecting the amount of work actually performed in the representation of my client in this action.

<u>Attorney's Name</u>	<u>Total Hours</u>	<u>Hourly Rate</u>	<u>Total Fees</u>
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Total Fees \$ _____

(continued on reverse side)

AFFIDAVIT OF COUNSEL RE: ATTORNEY'S FEES AND COSTS (continued)

B. Fee Based on an Agreed-Upon Fee.

The attorney's fee incurred in this action is not based on an hourly rate and the agreed-upon fee is \$ _____,
or (other arrangements, please explain): _____.

II. Costs.

In addition to the filing fee and sheriff's fee/mileage incurred to file and serve the Complaint, I request reimbursement for additional reasonable and necessary expenses as follows: (Explain in detail)

Description

Amount Requested

Total Additional Costs: \$ _____

True and correct copies of invoices or receipts for the additional necessary costs are attached as Appendix B.

Total Costs: \$ _____

I, _____, do declare under penalty of law that the foregoing is true and correct.
Further affiant sayeth naught.

Subscribed and sworn to before me
this _____ day of _____, 19 _____.

Signature of Affiant:

Notary Public, State of _____
My Commission expires: _____

Print/Type Name:

Position:

ORDER

Approved and so Ordered: Attorney's Fees: \$ _____; Cost: \$ _____.

Date:

Judge of the above-entitled Court

In accordance with the Americans with Disabilities Act if you require an accommodation for your disability, please contact the District Court Administration Office at PHONE NO. 538-5121, FAX 538-5233, OR TTY 539-4853 at least ten (10) working days in advance of your hearing or appointment date. For Civil related matters, please call 538-5151.