



**DEPARTMENT OF THE ATTORNEY GENERAL
STATE OF HAWAII
425 QUEEN STREET
HONOLULU, HAWAII 96813**

**STATEMENT OF QUALIFICATIONS AND EXPRESSION OF INTEREST
FISCAL YEAR COMMENCING JULY 1, 2023**

Please answer all questions. Omission of an item may preclude you from being considered. Use additional sheets if necessary. If you wish to provide additional information related to your qualifications, please attach it.

1. GENERAL INFORMATION

| | | | | |
|------------------|-------|----------|-------------------------|-------------------------|
| LAST NAME | FIRST | MIDDLE | OTHER NAMES USED | |
| BUSINESS ADDRESS | | | TELEPHONE NO. () | FACSIMILE NO. () |
| CITY | STATE | ZIP CODE | E-MAIL ADDRESS | |

2. LAW FIRM AFFILIATION(S) *(from date of admission or 1992, whichever is later)*

| NAME AND LOCATION (CITY, STATE) OF LAW FIRM | FROM | TO |
|---|------|---------|
| | | PRESENT |
| | | |
| | | |

3. LEGAL EDUCATION

| NAME OF LAW SCHOOL | LOCATION (CITY, STATE) | DEGREE RECEIVED |
|--------------------|------------------------|-----------------|
| | | |
| | | |

4. JURISDICTIONS ADMITTED TO PRACTICE *(Active Only)*

| JURISDICTION | DATE ADMITTED |
|--------------|---------------|
| | |
| | |
| | |

5. RANGE OF HOURLY RATES

- A. Applicant's _____ to _____
- B. Firm's (if applicable)
 - i. Partners _____ to _____
 - ii. Associates _____ to _____
 - iii. Paralegals _____ to _____

6. Would you consider a contingency fee contract? No _____ Yes _____

7. TYPES AND AMOUNTS OF COSTS CHARGED: ("Reasonable Costs" is an insufficient response. Please enumerate; attach additional sheets if necessary.)

| TYPES | AMOUNTS |
|-------|---------|
| | |
| | |

8. UP TO THREE (3) AREAS OF PRACTICE IN WHICH YOU CONSIDER YOURSELF PROFICIENT AND FOR WHICH YOU WISH TO BE CONSIDERED (**See Notice to Attorneys for areas of practice.**):

- 1. _____
- 2. _____
- 3. _____

On separate sheets of paper, for each area of practice listed in this question:

- Estimate the total number of cases or matters handled;
- Describe a representative sample of work performed. For each representative case or matter described, indicate the client for whom work was performed, when work was performed, the court in which appearances, if any, were made, and citations to reported cases, as appropriate.

9. Provide a list of previous Special Deputy Attorney General contracts with the State, including the dates of the contracts, for the last 10 years.

10. DIRECT OR INDIRECT CONFLICTS OF INTEREST.

Are you currently representing, or have you in the past represented, a party whose interest is/was adverse to the State of Hawaii? No _____ Yes* _____

*(*If the answer is yes, on a separate sheet of paper, please identify the adverse matters and the nature of your involvement.*

CERTIFICATION BY APPLICANT:

I hereby certify that all statements in this application, including attachments, are true and correct to the best of my knowledge as of the date of this statement.

Signature of Applicant

Date

ALL MATERIALS shall be emailed to: hawaiiag@hawaii.gov. NO HARD COPIES, CDs, OR FACSIMILIES SHALL BE ACCEPTED.