

\_\_\_\_\_  
Name and Attorney No.

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone No.

\_\_\_\_\_  
Attorney for

[ ] Alleged [ ] Father [ ] Mother

IN THE FAMILY COURT OF THE FIRST CIRCUIT

STATE OF HAWAII

) FC-S No. \_\_\_\_\_

)

) PRESIDING JUDGE: \_\_\_\_\_

) HEARING DATE: \_\_\_\_\_

) APPOINTMENT DATE: \_\_\_\_\_

INVOICE FOR ATTORNEY'S FEES AND COSTS

Billing period from: 2/17/15 to 3/15/15

**I. PREDISPOSITION** [\$3,000 maximum allowed, HRS §571-87(c)(1)(A)]

**A. OUT-OF-COURT**

<u>DATE</u>	<u>DESCRIPTION OF SERVICE</u>	<u>HOURS</u>	
02/17/15	School visit with Minor & teachers	1.50	
02/23/15	Waiting at court for hearing	.4	
		1.90 hours at \$60 per hour =	\$ <u>114.00</u>

**B. IN-COURT** [on record]

02/23/15	Hearing on Motion	.60	
		.60 hours at \$90 per hour =	\$ <u>54.00</u>

**II. TRIAL**

02/25/15	Trial	2.30	
		2.30 hours at \$90 per hour =	\$ <u>207.00</u>

**III. POSTDISPOSITION** [\$1,000 maximum allowed, HRS §571-87(c)(1)(B)]

**A. OUT-OF-COURT**

03/04/15	Home visit with Minor	1.00	
		1.00 hour at \$60 per hour =	\$ <u>60.00</u>

**B. IN-COURT** [\$1,000 maximum allowed for postdisposition review hrg, HRS §571-87(c)(1)(B)]

03/09/15	Review Hearing	.05	
		.05 hours at \$90 per hour =	\$ <u>90.00</u>

**TOTAL FEES FOR PROFESSIONAL SERVICES**..... \$ 207.00

**IV. COSTS** [e.g., Notary, Copying, Postage, etc. (Itemize & attach receipts)]

Copies	5 at \$0.10	\$ .50
Postage	10 at \$0.50	\$ 5.00

**TOTAL COSTS**..... \$ 5.50

**TOTAL FEES AND COSTS REQUESTED**..... \$ 212.50

I declare under penalty of law that the foregoing is true and correct.

\_\_\_\_\_  
Court-Appointed Counsel's Signature

\_\_\_\_\_  
Date

**CERTIFIED & APPROVED FOR PAYMENT:**

**APPROVED FOR EXCESS BILLING**

\_\_\_\_\_  
Presiding Judge

\_\_\_\_\_  
Date

\_\_\_\_\_  
Senior Judge

\_\_\_\_\_  
Date