

**Lawyer Referral & Information Service
Hawaii State Bar Association
Alakea Corporate Twr.
1100 Alakea Street, Ste. 1000
Honolulu, Hawaii 96813
Telephone (808) 537-9140**

APPLICANT'S NAME: _____

**LAWYER QUALIFICATION QUESTIONNAIRE
CRIMINAL LAW – FELONY**

To receive referrals for felony criminal matters, you must meet the minimum standards set forth below.

A. Within the past seven years, served as a Deputy Prosecuting Attorney for any county, Deputy Attorney General (Criminal Justice Division), Assistant U.S. Attorney, Assistant Federal Defender or Deputy Public Defender, District or Circuit Court judge, U.S. Magistrate or Federal District Judge, handling felony matters, and held that position for at least one year.

Please state the agency, your position, and the dates of your employment:

or

B. Meets all of the following standards:

- Engaged in the active practice of law in Hawaii for at least one year.*

Please state when you began the active practice of law in Hawaii: _____

- Handled not less than five preliminary hearings, motions to suppress evidence or identification, or similar pretrial motions within the past five years.

Please provide the names, courts, docket numbers date and type of motion

1. _____
2. _____
3. _____
4. _____
5. _____

* If you were recently admitted to practice in Hawaii, but have been admitted more than one year elsewhere, please also provide the date and jurisdiction in which you were first admitted and fill in the remainder of this questionnaire using experience in another jurisdiction if necessary to meet the minimum requirements.

- As lead counsel, tried at least two criminal jury cases to verdict

Please provide the names, courts, docket numbers and date of verdict

1. _____

2. _____

- Attended at least six hours of CLE programs in criminal law within the past three years.

Please provide the name of the program(s), date(s), number of hours for each and presenting agency(ies):

If you do not meet the requirements above, but you believe you have substantial equivalent experience and wish to have the LRIS Committee review your qualifications for referrals in this category, please describe your experience/qualifications below.

APPLICANT'S CERTIFICATION

I hereby certify that all statements made in this application are true and correct to the best of my knowledge and I agree that any misstatements of material facts in this application are grounds for forfeiture of membership in the Lawyer Referral Service.

Signature of applicant

date