

LAWYER REFERRAL & INFO SERVICE  
WWW.HAWAII.LAWYERREFERRAL.COM  
Hawaii State Bar Association  
1100 Alakea Street, Ste. 10000  
Honolulu, Hawaii 96813  
Telephone (808) 537-9140



APPLICANT'S NAME: \_\_\_\_\_

**LAWYER QUALIFICATION QUESTIONNAIRE**  
**TORT LAW**

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

*A. Within the past seven years, served as a Deputy Attorney General (Tort Litigation Division), or Deputy Corporation Counsel/County Attorney, or Assistant U. S. Attorney (actively engaged in defense of tort claims) or a U. S. Magistrate Judge, Federal District Judge, or Circuit Court Judge assigned to the civil docket, 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 personal injury cases through discovery.

***Please provide the names, courts, docket numbers and dates of your qualifying cases.***

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

- As lead counsel, tried at least five personal injury cases to judgment or through arbitration (does not include the five listed above).

***Please provide the names, courts, docket numbers and date of judgment or arbitration award..***

\_\_\_\_\_

\* 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.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

- Attended at least six hours of CLE programs in personal injury 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