

4. Has any disciplinary agency of any court, bar association, or governmental entity ever found you to have violated any rules or canons of ethics, or laws in your capacity as a professional? _____ If so, please provide the details, in full, on a separate sheet of paper.

5. Are any formal charges of professional misconduct by any agency of a court, bar association, or governmental entity presently pending against you? _____ If so, please provide the details, in full, on a separate sheet of paper.

Please initial each statement below indicating your agreement:

_____ I understand that eligibility to enter or continue in HELP requires that I continue to be a member of the Hawai'i Bar in good standing. I agree to notify HELP immediately of any change in my status or of any action taken against me by the Hawai'i Supreme Court Office of Disciplinary Counsel.

_____ I agree to obtain malpractice insurance in an amount of at least \$100,000/\$300,000 as soon as possible after I begin my participation in HELP. I also agree that I will not represent any clients once I am accepted in HELP until I have secured malpractice coverage. In addition, I agree to pay for any tail coverage if the malpractice policy is a claims-reported policy. I understand that HELP will reimburse me for the cost of reasonable malpractice insurance coverage during my participation in HELP, not to exceed a one-year policy.

_____ If I am selected as a HELP participant, I agree to abide by and remain compliant with all the rules and policies governing the program and I understand that the rules and policies may be unilaterally amended at any time by the program.

_____ If selected as a HELP participant, I agree to perform a minimum of 50 hours of pro bono work within twelve months of my enrollment in HELP in programs or with clients approved of by HELP. I understand that the pro bono work that is part of the training I receive in HELP may be used to satisfy this requirement.

_____ If selected as a HELP participant, I agree to participate in the HELP training programs.

_____ If selected, as a HELP participant, I consent to use of my image, biography, and information about my practice in marketing and other promotional or informational materials about HELP or William S. Richardson Law School and I agree to cooperate in the preparation of any such materials.

_____ I understand that the duration of my participation in HELP will continue until the end of the program in fall 2017.

_____ All statements in this application and accompanying attachments are true to the best of my knowledge and reflect realistic projections based on information reasonably available to me. I understand that any material misstatements in this application may be the subject of termination of my participation in HELP should I be selected.

Signed: _____

Dated: _____

Please note: There are a limited number of spots in HELP. All applications and supporting materials will be reviewed as received until the program is full or the commencement date of the program, whichever occurs first.