

LAWYER REFERRAL & INFO SERVICE
WWW.HAWAII.LAWYERREFERRAL.COM
Hawaii State Bar Association
1100 Alakea Street, Ste. 1000
Honolulu, Hawaii 96813
Telephone (808) 537-9140

APPLICANT'S NAME: _____

**LAWYER QUALIFICATION QUESTIONNAIRE
DIVORCE AND FAMILY LAW**

To receive referrals for divorce and family law matters, you must meet the minimum standards set forth below.

A. Within the past seven years, served as a Deputy Attorney General (Family Law Division), Deputy Corporation Counsel (Family Support Division) or either full time or per diem Family Court Judge handling family law 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 motions for temporary relief, for post decree relief, for pre-decree relief, for temporary foster custody, for termination of parental rights, for immediate review, or similar motions in Family Court.

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 divorce or family law cases to judgment or decree.

Please provide the names, courts, docket numbers and date of judgment or decree.

1. _____
2. _____

- Attended at least six hours of CLE programs in family 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