



Hawaii State Bar Association

PUBLICATIONS LIST

Effective from January 7, 2019

Please refresh this page to ensure you are viewing the current version of this list.

All orders are shipped via USPS Priority Mail. Please allow 7-10 days for delivery. Prepaid orders may be picked up at the HSBA office at 1100 Alakea Street, Suite 100, Honolulu, HI 96813. Payment of publication, postage and handling (if applicable), must be received before orders are processed.

Title	Price	Postage & Handling
Family Law		
Hawaii Divorce Manual (9 th ed.) 2 Volume Manual with DVD	\$295	\$40
Hawaii Divorce Manual (9 th Ed) Supplement (2016) with DVD	\$75	\$10
Hawaii Divorce Manual (9 th Ed) Supplement (2018) with DVD	\$75	\$10
Estate Planning and Elder Law		
Estate Planning Forms Manual 2012	\$150	\$15
Litigation, Mediation, Arbitration, & Court Procedures		
Hawaii Appellate Practice Manual 2012 with 2013 Supplement	\$150	\$15
Hawaii Appellate Practice Manual Supplement only (2013)	\$20	\$5
Federal Appellate Practice Manual 2013	\$150	\$15
Corporations & Business		
Limited Liability Company Manual, September 2011	\$150	\$15
Hawaii Corporations Manual, September 2011	\$150	\$15
A Manual of Style for Contract Drafting (ABA 4 th ed. 2017)	\$119.95	\$15
Hawaii Construction Law & Mechanics' Liens Manual 2018 (Limited Time Only, Until Supplies Last)	\$200	\$15
Real Estate		
Hawaii Real Estate Manual 2011, Volume 3	\$150	\$15
Probate		
Hawaii Probate Forms Manual (4 th Edition), 2014 w/ CD	\$250	\$15

Updated January 7, 2019

HAWAII STATE BAR ASSOCIATION

1100 Alakea Street · Suite 1000 · Honolulu, HI 96813 · Phone: (808) 537-1868 · Fax: (808) 521-7936
Attention: CLE Department, CLE@hsba.org

ORDER FORM

DATE: _____

QTY	DESCRIPTION	POSTAGE	AMOUNT
			TOTAL \$

Purchaser will pick up the item(s) at the HSBA office.

Contact person: _____ Phone: _____

PAYMENT MUST BE RECEIVED BEFORE ORDER IS PROCESSED. ALL SALES ARE FINAL. NO REFUNDS OR EXCHANGES WILL BE MADE, EXCEPT ON DEFECTIVE MATERIAL. THE SALE IS SUBJECT TO AVAILABILITY OF THE MANUALS OR OTHER PUBLICATIONS.

Name: _____ Firm: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

JD#, if applicable: _____ Email: _____

Method of payment: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Check, make payable to Hawaii State Bar Association
Card Account Number: _____ CVC : _____ Expiration: _____
Billing Address: _____
City _____ State _____ Zip _____ <input type="checkbox"/> Check if same address as above
Print Cardholder's Name _____
Cardholder's Signature _____