



PRO HAC VICE

Rules of the Supreme Court of the State of Hawaii 1.9

Appearance of Counsel in State Court & Administrative Proceedings

*N/A to Federal Court & Administrative Proceedings

2019 Registration

Submit within ten (10) days after entry of the Order approving appearance.

Compete and sign the 2019 Pro Hac Vice registration form, attach a copy of the Order, and payment and submit to the HSBA for processing.

2019 Fee Schedule

Credit card (VISA, MasterCard, Discover, American Express) OR check payment accepted.

Make check payable to the Hawaii State Bar Association.

Disciplinary Board assessment	\$600.00
Registration fee	150.00
Lawyers Fund for Client Protection assessment	50.00
Processing fee	<u>15.00</u>
TOTAL	\$815.00

Upon completion of registration and payment processing an electronic confirmation message will be transmitted.

For additional information contact Liberty Castillo

Lcastillo@hsba.org (808) 792-7339.



**2019 PRO HAC VICE REGISTRATION
(For NEW Applicants ONLY)**

Name: _____
 First- no initials **Full Middle – no initials** **Last**

Social Security Number : _____ - _____ - _____ **Date of Birth:** _____
The Office of Disciplinary Counsel requires the HSBA to collect SSN information for its administrative and investigative purposes, if needed.

MEMBER INFORMATION

Business (Employer) Address (Publication Address)

 Phone: _____
 Fax : _____
 Email Address: _____@_____

Communication Address Preferred Mailing and E-Mail (REQUIRED HSBA use only)

 Phone: _____
 Fax : _____
 Email Address: _____@_____

Service of Process Street Address (REQUIRED by Disc. Counsel)

 Phone: _____
 Fax : _____
 Email Address: _____@_____

Residential Street Address (REQUIRED by Disciplinary Counsel - Confidential)

 Phone: _____
 Fax : _____
 Email Address: _____@_____

Name of the HSBA Attorney associated with: _____

License number of the HSBA Attorney associated with : _____

List Active case(s) for which you have been admitted Pro Hac Vice: (Please attach additional sheet if necessary)

Case Name	Case Number	Court Name	Approval Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PRIVATE STATISTICAL INFORMATION

Response Required

1. **STRUCTURE OF PRIVATE PRACTICE :** Solo Practitioner Firm of 2-5 attorneys Firm of 6-14 attorneys
 Firm of 15 or more attorneys Not Applicable Non Legal Entity

2. **PROFESSIONAL LIABILITY INSURANCE RSCH Rule 17(d)(1)(C)**
Do you have Professional Liability Insurance coverage? Yes No

3. **DISCIPLINARY ACTION:**
During 2018 have you been subject to, or received, any professional discipline as the result of a disciplinary investigation or formal proceeding in any jurisdiction other than Hawaii?
 Yes. Please mail a copy of the disciplinary action or order to the Office of Disciplinary Counsel, 201 Merchant Street, Suite 1600, Honolulu, HI 96813.
 No

4. **CRIMINAL OFFENSES:**
During 2018 have you been convicted of any criminal offenses in any jurisdiction, excluding offenses classified as petty misdemeanors, violations or infractions under Hawai'i law?
 Yes. Please mail a copy of the judgement or order to the Office of Disciplinary Counsel, 201 Merchant Street, Suite 1600, Honolulu, HI 96813.
 No

5. **LICENSE(S) IN OTHER JURISDICTIONS :** (Please attach additional sheet if necessary)
License Number : _____ Jurisdiction/State: _____ Date of Admission: _____ Status : _____
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PAYMENT METHOD

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TOTAL	\$815.00

PAYMENT METHOD

Payment by

AmEx MC VISA DISCOVER CHECK # _____ Amount _____

Cardholder Name (Print) _____ Cardholder Signature: _____

Account #: _____ Exp. Date : _____

Billing Address: _____

SIGNATURE

I have read the above and certify that the information above is current and correct.

SIGNATURE: _____ DATE: _____ PHONE: _____

PRINT NAME: _____