

PRO HAC VICE

Rules of the Supreme Court of the State of Hawaii 1.9 and 1.9A

Note: Rules change effective July 1, 2024

Appearance of Counsel in State Court & Administrative Proceedings
*N/A to Federal Court & Administrative Proceedings

As a **reminder**, the Rules of the Supreme Court of Hawaii require that "Local counsel shall provide a copy of the order allowing the appearance of counsel pro hac vice to the Hawaiii State Bar and the Office of Disciplinary Counsel, and shall notify the Hawaiii State Bar and the Office of Disciplinary Counsel when the pro hac vice attorney's involvement is terminated, the case is closed, or the order granting pro hac vice admission is no longer valid."

https://www.courts.state.hi.us/wp-content/uploads/2021/02/rsch.htm#Rule1 9 https://www.courts.state.hi.us/wp-content/uploads/2021/02/rsch.htm#Rule1 9a

2024 Fee Schedule

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

Make check payable to the Hawaii State Bar Association.

Disciplinary Board fee	\$600.00
Pro Hac Vice registration fee	150.00
Lawyers Fund for Client Protection fee	50.00
Processing fee	<u> 15.00</u>
TOTAL	\$815.00

Complete, sign and return the 2024 Pro Hac Vice application within **ten (10)** days after entry of Order approving appearance together with the following:

- copy of the **Approved** order Granting petition or motion
- copy of the Petition
- payment

Upon completion of registration and payment processing an electronic confirmation message (receipt) will be transmitted. Application will be processed within 3-5 business days.

You may submit your PHV Registration forms by FAX to (808) 521-7936 or EMAIL to leastillo@hsba.org.

For additional information contact Liberty Castillo at lcastillo@hsba.org or (808) 792-7339.



2024 PRO HAC VICE REGISTRATION

(For NEW Applicants ONLY) State Court Cases ONLY

Name:	st- no initials	Full Middle – no initials	Last		
Social Security N	lumber :		Date of Birth:		
The Office of D	isciplinary Counsel re	equires the HSBA to collect SSN in	Date of Birth: formation for its administrative and inve	stigative purposes, if needed.	
Business (Firm/Emplo	oyer) Name & Ad	dress (Published)	Communication Address (Prefe	rred Mailing and E-Mail	
REQUIRED by Office of Dis		, ,			
Phone:			Phone:		
_			Fax :		
Email Address:			Email Address:		
ervice of Process Street Address :		Residential Street Address (resp			
REQUIRED by Office of Dis	ciplinary Counsel		REQUIRED by Office of Disciplinary Co.	unsel	
			Cell or landline Phone: Residential Email Address:		
D D			Residential Email Address.		
<u>Response Requi</u> Local Counsel Info					
		d with:	H:	SRA Attorney #	
Email address of the	HSBA Attornev as	ssociated with:	11	SDA Attorney #	
	•	ion and General Excise	e Tax Information:		
Name of Applicants E					
		om registration as a foreign			
			explanation of the exemption a	it <u>PHV@dbhawaii.org</u>	
		questions below)	filo numbor :		
(1) Ap	oplicant's Employ	er Hawaii DCCA registration er's Hawaii General Evcise 1	file number : Tax Number:		
(2) 1	opiicant 3 Employ	er 3 Hawaii General Excise	ax Number:		
•	• •	State of Hawaii for whi	ch you have been admitted	d Pro Hac Vice:	
(Please attach additional s	heet if necessary)				
Case Name		Case Number	Court Name	Approval Date	
					

PRIVATE STATISTICAL INFORMATION

Response Required

1.	GENDER □ Male	☐ Female	□ Not Specified						
2.	STRUCTURE OF PRIVATE PRACTICE: ☐ Solo Practitioner ☐ Firm of 2-5 attorneys ☐ Firm of 6-14 attorneys ☐ Not Applicable ☐ Non Legal Entity								
3.	PROFESSIONAL LIABILITY INSURANCE RSCH Rule 17(d)(1)(C) Do you have Professional Liability Insurance coverage? ☐ Yes ☐ No								
4.	 DISCIPLINARY ACTION: During 2023 have you been subject to, or received, any professional discipline as the result of a disciplinary investigation or forma proceeding in any jurisdiction other than Hawaii? □Yes. Please provide a copy of the disciplinary action or order to the Office of Disciplinary Counsel, 201 Merchant Street, Suite 1600, Honolulu, HI 96813 or by email to PHV@dbhawaii.org □ No 								
5.	 CRIMINAL OFFENSES: During 2023 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 provide a copy of the judgement or order to the Office of Disciplinary Counsel, 201 Merchant Street, Suite 1600, Honolulu, HI 96813 or by email to PHV@dbhawaii.org ☐ No 								
6.	☐ Black/African Americ	can 🗆 Chine		y (select ONE only) ic/Latino □ Japanese □ Korea Islander □ South Asian □Whit					
7.	License Number : License Number: License Number :		Jurisdiction/State: _ _ Jurisdiction/State: _ _ Jurisdiction/State: _	ditional sheet if necessary) Date of Admissi Date of Admissi Date of Admissi Date of Admissi	ion: sion:	_ Status : _ Status :			
Disciplinary Board Pro Hac Vice Registration fee Lawyers Fund for Client Protection fee Processing fee TOTAL Required fees				\$ 600.00 150.00 50.00 <u>15.00</u> \$815.00					
PAYMENT METHOD									
Payment by Amex MC VISA DISCOVER CHECK # Cardholder Name (Print) Account #: Billing Address:				Amount Cardholder Signature:	Exp. Date	:			
SIGNATURE									
I have read the above and certify that the information above is current and correct. SIGNATURE: PHONE:									
PRI	NT NAME:								