

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 Hawai‘i State Bar and the Office of Disciplinary Counsel, and shall notify the Hawai‘i 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pro hac vice attorney’s involvement is terminated, the case is closed, or the order granting pro hac vice admission is no longer valid.”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/docs/court_rules/rules/rsch.htm#1.9

https://www.courts.state.hi.us/docs/court_rules/rules/rsch.htm#1.9A

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 lcastillo@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: _____
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.

Business (Firm/Employer) Name & Address (Published)

REQUIRED by Office of Disciplinary Counsel

Phone: _____
Fax : _____
Email Address: _____

Communication Address (Preferred Mailing and E-Mail)

Phone: _____
Fax : _____
Email Address: _____

Service of Process Street Address :

REQUIRED by Office of Disciplinary Counsel

Residential Street Address (respond accordingly)

REQUIRED by Office of Disciplinary Counsel

Cell or landline Phone: _____
Residential Email Address: _____

Response Required

Local Counsel Information:

Name of the HSBA Attorney associated with: _____ HSBA Attorney # _____
Email address of the HSBA Attorney associated with: _____
HSBA Attorney's employer's name : _____
HSBA Attorney's employer's General Excise Tax Number : _____

Pro Hac Vice Business Registration and General Excise Tax Information:

Name of Applicants Employer : _____
Is the applicant's employer exempt from registration as a foreign business?
____ YES Please email the Office of Disciplinary Counsel an explanation of the exemption at PHV@dbhawaii.com
____ NO (response required to questions below)
(1) Applicant's Employer Hawaii DCCA registration file number : _____
(2) Applicant's Employer's Hawaii General Excise Tax Number: _____

List Active/Open case(s) in the State of Hawaii for which you have been admitted Pro Hac Vice:

(Please attach additional sheet if necessary)

Table with 4 columns: Case Name, Case Number, Court Name, Approval Date

PRIVATE STATISTICAL INFORMATION

Response Required

- GENDER** Male Female Not Specified
- 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
- PROFESSIONAL LIABILITY INSURANCE RSCH Rule 17(d)(1)(C)**
Do you have Professional Liability Insurance coverage? Yes No
- DISCIPLINARY ACTION:**
During 2023 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 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
- 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
- Ethnicity:** Please indicate how you identify your race/ethnicity (select **ONE** only)
 Black/African American Chinese Filipino Hispanic/Latino Japanese Korean Micronesian
 Hawaiian, part Hawaiian Other Asian Other Pacific Islander South Asian White Other _____
- LICENSE(S) IN OTHER JURISDICTIONS :** (Please attach additional sheet if necessary)
License Number : _____ Jurisdiction/State: _____ Date of Admission: _____ Status : _____
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TOTAL Required fees	\$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: _____