

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pro hac vice attorney’s involvement is terminated, the case is closed, or the order granting pro hac vice admission is no longer valid.”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/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 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.org

_____ 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)

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

Response Required

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

☐ AmEx ☐ MC ☐ VISA ☐ DISCOVER ☐ CHECK # _____ Amount _____

Cardholder Name (Print) _____ Cardholder Signature: _____

Account #: _____ Exp. Date : _____

Billing Address: _____

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