



DAVID Y. IGE  
GOVERNOR

LEONARD HOSHIJO  
ACTING DIRECTOR

SHAN S. TSUTSUI  
LIEUTENANT GOVERNOR

JOANN VIDINHAR  
ADMINISTRATOR

**STATE OF HAWAII  
DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS  
DISABILITY COMPENSATION DIVISION**

830 PUNCHBOWL STREET, ROOM 209  
P.O. BOX 3769  
HONOLULU, HAWAII 96812-3769  
<http://labor.hawaii.gov>  
Phone: (808) 586-9151 / Fax: (808) 586-9219

*Section 386-94 HRS relating to attorney fees states:*

*“In approving fee requests, the director, appeals board, or court may consider factors such as the attorney’s skill and experience in state workers’ compensation matters, the amount of time and effort required by the complexity of the case, the novelty and difficulty of issues involved, the amount of fees awarded in similar cases, benefits obtained for the claimants, and the hourly rate customarily awarded attorneys possessing similar skills and experience. In all cases reasonable attorney fees shall be awarded.”*

*Please complete the information below which will assist us in determining your authorized hourly rate as required under section 386-94, HRS.*

**REQUEST FOR INCREASE IN HOURLY RATE**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

License No.: \_\_\_\_\_ Date Licensed: \_\_\_\_\_

Number of years practicing law in Hawaii: \_\_\_\_\_

Number of years of Hawaii workers’ compensation experience: \_\_\_\_\_

Number of Hawaii workers’ compensation cases handled in the last ten years: \_\_\_\_\_

Last three workers’ compensation cases (Claimant, Case Number, and Date of Accident):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Current Rate: \_\_\_\_\_ Rate being requested: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Your approved hourly rate is: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_