



STATE OF HAWAII  
DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS

DISABILITY COMPENSATION DIVISION  
AND  
LABOR AND INDUSTRIAL RELATIONS APPEALS BOARD

**REQUEST FOR APPROVAL OF ATTORNEY'S FEE**

Notice is hereby given to the Director of Labor and Industrial Relations and/or the Labor and Industrial Relations Appeals Board that the undersigned performed services as counsel in the following case for:

Claimant: \_\_\_\_\_ vs. Employer: \_\_\_\_\_

DCD Case No.: \_\_\_\_\_ AB Case No.: \_\_\_\_\_

**Attached** is a statement itemizing the services provided for claimant(s), the time spent on each service (rounded to the nearest one-tenth of an hour), and the costs advanced. Also **attached** are receipts documenting the costs advanced.

The itemized statement is summarized below:

<u>DCD</u>	
Attorney Hourly Rate: \$ _____	Per Hour
Attorney Total Hours: _____	Hours
Paralegal Hourly Rate: \$ _____	Per Hour
Paralegal Total Hours: _____	Hours
Fee Requested: \$ _____	
Tax: \$ _____	
Costs Requested: \$ _____	
DCD WC-17 Box # Requested: _____	

<u>Appeals Board</u>	
Attorney Hourly Rate: \$ _____	Per Hour
Attorney Total Hours: _____	Hours
Paralegal Hourly Rate: \$ _____	Per Hour
Paralegal Total Hours: _____	Hours
Fee Requested: \$ _____	
Tax: \$ _____	
Costs Requested: \$ _____	

Fees and Costs totaling \$ \_\_\_\_\_ are sought for the foregoing services, and approval thereof is hereby requested in accordance with Chapter 386, Hawaii Revised Statutes. This request was served upon \_\_\_\_\_ on \_\_\_\_\_ as required pursuant to § 12-47-55 of the Appeals Board's Rules and/or § 12-10-69 of the Disability Compensation Division's Rule. Any Party may file a written objection to this request for approval no later than **ten calendar days** after service.

Required Attorney Information:

I have approximately \_\_\_\_\_ years' experience in workers' compensation cases.

I have participated in approximately \_\_\_\_\_ cases before the Disability Compensation Division over the last 3 years.

I have participated in approximately \_\_\_\_\_ cases before the Labor and Industrial Relations Appeals Board over the last 3 years.

I certify that the above information is submitted in good faith and is true and accurate to the best of my knowledge and belief.

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

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

Name (print): \_\_\_\_\_

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

City, State, ZIP: \_\_\_\_\_