

State of Hawaii
Department of Labor and Industrial Relations
Disability Compensation Division

REQUEST FOR APPROVAL OF ATTORNEY'S FEES

Notice is hereby given to the Director of Labor and Industrial Relations that the undersigned performed services as counsel in the following case.

Attorney: _____ DCD Case No.: _____

Claimant: _____ v Employer: _____

Summary of fees and costs requested.

Fees and costs 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 Section 12-10-69, Hawaii Administrative Rules. Any Party may file a written objection to this request for approval no later than ten calendar days after service.

Attorney Hourly Rate: \$ _____ Paralegal Hourly Rate: \$ _____
Attorney Total Hours: _____ Paralegal Total Hours: _____

Fee Requested: \$ _____
Tax: \$ _____
Costs: \$ _____

TOTAL Fees and Costs Requested: \$ _____

WC-17 Box # Requested: _____

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.

Attach a statement itemizing the services provided for claimant, the time spent on each service (rounded to the nearest one-tenth of an hour), the costs advanced with receipts documenting those costs, and a brief explanation of the benefits you obtained for your client, case complexity, novelty, and specific case difficulties to merit the fee request.

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: _____

Mailing Address: _____

City State Zip Code