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:

DCD		Appeals Board	
Attorney Hourly Rate: $	Per Hour	Attorney Hourly Rate: $	Per Hour
Attorney Total Hours:	Hours	Attorney Total Hours:	Hours
Paralegal Hourly Rate: $	Per Hour	Paralegal Hourly Rate: $	Per Hour
Paralegal Total Hours:	Hours	Paralegal Total Hours:	Hours
Fee Requested: $		Fee Requested: $	
Tax: $		Tax: $	
Costs Requested: $		Costs Requested: $	
DCD WC-17 Box # 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: _____ Name (print): _____

Date: _____ Mailing Address: _____

City, State, ZIP: _____