



STATE of HAWAI'I

LABOR AND INDUSTRIAL RELATIONS APPEALS BOARD

REQUEST FOR APPROVAL OF ATTORNEY'S FEE

The undersigned submits this Request for Approval of Attorney's Fee to the Labor and Industrial Relations Appeals Board, for services performed 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 before the Labor and Industrial Relations Appeals Board, 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:

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. 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: _____