



**Office of the Administrative Director – Fiscal Office, Support Services Division**

THE JUDICIARY • STATE OF HAWAII • 1111 ALAKEA STREET, 6TH FLOOR • HONOLULU, HAWAII 96813-2807  
TELEPHONE (808) 538-5805 • FAX (808) 538-5802

April 17, 2013

MEMORANDUM

TO WHOM IT MAY CONCERN

FROM: Janell Kim  
Financial Services Administrator

SUBJECT: ADDENDUM NO. 1  
REQUEST FOR PROPOSAL No. J14001  
Guardian Ad Litem Services for the Family Court and Family Drug Court or  
Legal Counsel for Parents Services through the Family Court of the First Circuit  
during the period July 1, 2013 through June 30, 2015

Transmitted herewith is one copy of Addendum No. 1 for your review. Also enclosed is an amended Offer Form. A copy of this Addendum No. 1 is also available on the Judiciary webpage at: [www.courts.state.hi.us](http://www.courts.state.hi.us).

Please direct questions to Gordean Akiona in the Family Court, First Circuit at (808) 954-8221 or email: [Gordean.L.Akiona@courts.hawaii.gov](mailto:Gordean.L.Akiona@courts.hawaii.gov).

A handwritten signature in cursive script, appearing to read "Janell Kim".

Janell Kim  
Financial Services Administrator

## ADDENDUM NO. 1

### REQUEST FOR PROPOSAL No. J14001 Guardian Ad Litem Services for the Family Court and Family Drug Court or Legal Counsel for Parents Services through the Family Court of the First Circuit during the period July 1, 2013 through June 30, 2015

The items listed hereinafter are hereby made a part of Request for Proposal No. J14001 for the above project and shall govern the work taking precedence over previously issued specifications governing the items mentioned.

The following items shall be amended to read:

#### **2.1. OBJECTIVES**

2.1.2. Guardian ad litem services for the Family Drug Court 's ~~Zero To Three~~[DELETE] cases will include but not be limited to the following:

#### **2.3. QUALIFICATIONS**

Guardian Ad Litem, Family Drug Court ~~Zero To Three Court~~ [DELETE]

#### **2.4. SUMMARY OF SERVICE ACTIVITY**

~~Funding amounts are not known at the time of this solicitation and funding may change and are subject to legislative appropriation. [DELETE]~~

The following item is added:

The current funding amount is \$ 1,642,800.00 for GAL services for the Family Court; \$99,000.00 for Family Drug Court GALs; and \$910,000.00 for legal counsel services. It is uncertain that the funding will remain at the current levels. Funding may be adjusted and are subject to legislative appropriation. The amount of a contract or award may be negotiated by the parties based on the cost items in the applicant's proposal.

The following item is amended to read:

- e. Proposals are being solicited for contract for a twenty-four month period with the option that the contract may be extended for **two (2)** additional twelve month periods.

**SECTION FOUR: PROPOSAL FORM**

The following items are amended to read:

**THE JUDICIARY, STATE OF HAWAII  
FAMILY COURT, FIRST JUDICIAL CIRCUIT  
REQUEST FOR PROPOSAL NO. J14001**

**7. REQUEST**

TYPE OF APPOINTMENT Family Court GAL & Legal Counsel Family Court Drug Court GAL	NUMBER OF CASES PER FY New & Carryover cases	
	New	Carry over
Family Court GAL ( <del>may include Zero to Three</del> ) [DELETE]		
Family Court Legal Counsel		
Family Court Drug Court GAL ( <u>will</u> include Zero to Three)		

**End of Addendum No. 1**

**Amended Proposal Form (Addendum No. 1)  
 THE JUDICIARY, STATE OF HAWAII  
 FAMILY COURT, FIRST JUDICIAL CIRCUIT  
 REQUEST FOR PROPOSAL NO. J14001  
 STATEMENT OF QUALIFICATIONS AND EXPRESSION OF INTEREST**

Please answer all questions. Omission of an item may delay the evaluation of your application or may preclude you from being included in the Judiciary's list of qualified contracted providers.

**1. GENERAL INFORMATION**

LAST NAME	FIRST	MIDDLE	OTHER NAMES USED
BUSINESS ADDRESS			TELEPHONE NO. ( )
CITY CODE	STATE	ZIP	CELL NO. ( )
			FAX NO. ( )
			e-mail ADDRESS

**2. PROFESSIONAL AFFILIATION(S) and LICENSING CERTIFICATIONS**

**(Please submit verification of license certification)**

NAME AND LOCATION (CITY, STATE) OF PROFESSIONAL FIRM/AGENCY AND/OR LICENSING CERTIFICATIONS	FROM	TO(PRESENT)

Current Valid Driver's License No.
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**3. EDUCATION – Please submit verification of Degree(s) received  
(Use additional sheets of paper to complete this section as needed)**

NAME OF SCHOOL	LOCATION (CITY, STATE)	DEGREE RECEIVED

**4. JURISDICTION ADMITTED TO PRACTICE (FOR LEGAL COUNSEL)**

JURISDICTION	DATE ADMITTED

**5. SPECIALIZED TRAINING/CONTINUING EDUCATION COMPLETED OR ATTENDING:**

TRAINING/EDUCATION	DATES

**6. REFERENCES**

Name Address Phone Number & email	Relationship

**7. REQUEST**

TYPE OF APPOINTMENT Family Court GAL & Legal Counsel Family Court Drug Court GAL	NUMBER OF CASES PER FY New & Carryover cases	
	New	Carry over
Family Court		
Family Court Legal Counsel		
Family Court Drug Court GAL (will include Zero to Three)		

**8. NAME THREE (3) ABUSE/NEGLECT CATEGORIES OF PRACTICE IN WHICH YOU CONSIDER YOURSELF PROFICIENT AND FOR WHICH YOU WISH TO BE CONSIDERED:**

1.	2.	3.
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**ON SEPARATE SHEETS OF PAPER, FOR EACH AREA OF PRACTICE LISTED IN ITEM 8, ESTIMATE THE TOTAL NUMBER OF CASES OR MATTERS HANDLED; INCLUDE TIME PERIOD; PROVIDE A REPRESENTATIVE SAMPLE IN THIS AREA, I.E. SAMPLE OF GAL REPORT, FOR COUNSEL, SAMPLE OF LEGAL DOCUMENTS PREPARED ON BEHALF OF PARENTS.**

- 9. PROVIDE A WRITTEN NARRATIVE OF THE ROLE OF A GAL AND/OR LEGAL COUNSEL. (NOT TO EXCEED ONE PAGE.)**

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CERTIFICATION BY APPLICANT

I HEREBY CERTIFY THAT ALL STATEMENTS IN THIS APPLICATION, INCLUDING ATTACHMENTS, ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

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SIGNATURE OF APPLICANT

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DATE

**THE COMPLETED STATEMENT OF QUALIFICATIONS AND EXPRESSION OF INTEREST FORM, CONSENT TO THE DISCLOSURE OF CONFIDENTIAL INFORMATION FORM, AND ALL OTHER REQUIRED DOCUMENTS MUST BE SUBMITTED TO THE JUDICIARY AT THE ADDRESS AND BY THE DATE AND TIME DESIGNATED IN THE REQUEST FOR PROPOSALS.**