

NOTE:

DECLARATION
REGARDING ATTORNEYS'
FEES AND COSTS
(FORM # DC02)
IS NOT REQUIRED FOR
FEES OF \$750 OR LESS
or FOR COSTS OF
FILING FEES, SERVICE
FEES AND MILEAGE

**UNLESS OTHERWISE
ORDERED BY THE COURT**

DECLARATION REGARDING ATTORNEYS' FEES AND COSTS; EXHIBITS

Form# 2DC02

IN THE DISTRICT COURT OF THE SECOND CIRCUIT DIVISION STATE OF HAWAI'I	
Plaintiff	Reserved for Court Use
Defendant	Civil No.
Filing Party/Attorney Name, Attorney Number, Firm Name (if applicable), Address and Telephone Number	

DECLARATION REGARDING ATTORNEYS' FEES AND COSTS

I am the attorney for the prevailing party, and I request an award of attorneys' fees pursuant to Hawai'i Revised Statutes [check all that apply]:

- § 607-14 (assumpsit); § 521-35 (residential rental agreement); Commercial lease agreement;
- § 514B-157 (condominium association); § 421J-10 (planned community association) Other statute § _____.

The amount of the judgment (principal and interest) is anticipated to be \$ _____.

I. ATTORNEYS' FEES (Select A or B)*

***PLEASE NOTE:** In addition to completing section A or B below, you **must** attach as Exhibit 1 an itemized report of the time spent on the action and to be spent to obtain a final written judgment, the hourly rates, a brief description of the work performed, and the total fees requested.

A. Fee Based on an Hourly Rate.

I have expended and am likely to expend to obtain a final judgment the following hours at the rate specified below.

Hours: _____ x Hourly Rate: \$ _____

Total Fees = \$ _____

B. Fee Based on an Agreed-Upon Fee (Explain the fee agreement below).

The attorneys' fee incurred in this action are not based on an hourly rate. The agreed-upon fee is \$ _____.

TOTAL FEES REQUESTED: \$ _____

SEE PAGE 2

DECLARATION REGARDING ATTORNEYS' FEES AND COSTS (continued)

II. OTHER COSTS

I request an award of costs for actual disbursements itemized below pursuant to District Court Rules of Civil Procedure Rule 54(d) and Hawai'i Revised Statutes [check all that apply]:

- §607-9; Other [specify statute]: § _____.

I have attached as Exhibit 2 true copies of invoices and/or receipts for the requested costs.

***PLEASE NOTE:** Do **not** include filing fees, service costs or mileage in your request for other costs. Those costs should be reflected on the Judgment form but do not require additional court approval.

<u>Item</u>	<u>Amount Requested</u>
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TOTAL OTHER COSTS REQUESTED: \$ _____

I DECLARE UNDER PENALTY OF LAW THAT THE FOREGOING IS TRUE AND CORRECT.

Date:	Signature of Declarant:
For Court Use Only:	Print/Type Name:

ORDER

Approved and so Ordered: Attorney's Fees: \$ _____; Other Costs: \$ _____

Judge



In accordance with the *Americans with Disabilities Act* and other applicable state and federal laws, if you require an accommodation for a disability when working with a court program, service, or activity, please contact the District Court Administration Office at PHONE NO. 244-2800, FAX 244-2849, or adarequest@courts.hawaii.gov at least ten (10) working days before your proceeding, hearing, or appointment date.

For Civil-related matters, please call 244-2706 or visit the Service Center at 2145 Main Street, Rm. 141, Wailuku, Hawai'i.