DEPARTMENT OF THE ATTORNEY GENERAL
STATE OF HAWAII
425 QUEEN STREET
HONOLULU, HAWAII 96813
FAX. NO. (808) 586-1239

STATEMENT OF QUALIFICATIONS AND EXPRESSION OF INTEREST

FISCAL YEAR COMMENCING JULY 1, 2010

Please answer all questions. Omission of an item may preclude you from being considered. Use additional sheets if necessary. If you wish to provide additional information related to your qualifications, please attach it.

1. GENERAL INFORMATION

LAST NAME	FIRST	MIDDLE	OTHER NAMES USED	
BUSINESS ADDRESS			TELEPHONE NO. ( )	FACSIMILE NO. ( )
CITY	STATE	ZIP CODE	E-MAIL ADDRESS	

2. LAW FIRM AFFILIATION(S) *(from date of admission or 1991, whichever is later)*

NAME AND LOCATION (CITY, STATE) OF LAW FIRM	FROM	TO
		PRESENT

3. LEGAL EDUCATION

NAME OF LAW SCHOOL	LOCATION (CITY, STATE)	DEGREE RECEIVED

4. JURISDICTIONS ADMITTED TO PRACTICE *(Active Only)*

JURISDICTION	DATE ADMITTED

5. RANGE OF HOURLY RATES

A. Applicant's _____ to _____

B. Firm's (if applicable)
   i. Partners _____ to _____
   ii. Associates _____ to _____
   iii. Paralegals _____ to _____

6. Would you consider a contingency fee contract? No _____ Yes _____

7. TYPES AND AMOUNTS OF COSTS CHARGED: ("Reasonable Costs" is an insufficient response. Please enumerate; attach additional sheets if necessary.)

TYPES	AMOUNTS

8. UP TO THREE (3) AREAS OF PRACTICE IN WHICH YOU CONSIDER YOURSELF PROFICIENT AND FOR WHICH YOU WISH TO BE CONSIDERED:

1. _____ 2. _____ 3. _____

On separate sheets of paper, for each area of practice listed in this question:

- Estimate the total number of cases or matters handled;
- Describe a representative sample of work performed. For each representative case or matter described, indicate the client for whom work was performed, when work was performed, the court in which appearances, if any, were made, and citations to reported cases, as appropriate.

9. Provide a list of previous Special Deputy Attorney contracts with the State, including the dates of the contracts, for the last 10 years.

10. DIRECT OR INDIRECT CONFLICTS OF INTEREST.
Are you currently representing, or have you in the past represented, a party whose interest is/was adverse to the State of Hawaii? No _____ Yes* _____

(**If the answer is yes, on a separate sheet of paper, please identify the adverse matters and the nature of your involvement.*)

CERTIFICATION BY APPLICANT

I hereby certify that all statements in this application, including attachments, are true and correct to the best of my knowledge as of the date of this statement.

_____ _____
Signature of Applicant Date

Deliver or send your completed Statement to Cora K. Lum, Administrative Services Manager; Department of the Attorney General, 425 Queen Street, Honolulu, Hawaii 96813. Refer to the Notice to Attorneys for the deadline dates.