City and County of Honolulu
Department of the Corporation Counsel
530 South King Street, Room 110
Honolulu, Hawaii 96813
Tel. (808) 768-5100

Statement of Qualifications and Expression of Interest

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

Starting Rate	Highest Rate

B. Firm's (if applicable)

Role	Starting Rate	Highest Rate
Partners		
Associates		
Paralegals		

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:

Area 1 _____ Area 2 _____ Area 3 _____

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

X Estimate the total number of cases or matters handled;

X 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 Corporation Counsel contracts or other contracts entered into by you or your law firm to perform legal services on behalf of the City and County of Honolulu, 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 adverse to the City and County of Honolulu? ☐ Yes* ☐ No

(**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

ALL MATERIALS shall be emailed to: professionalservices@honolulu.gov.

NO HARD COPIES, CDs, OR FACSIMILIES SHALL BE ACCEPTED.