

**DEPARTMENT OF COMMERCE AND CONSUMER  
AFFAIRS OFFICE OF CONSUMER PROTECTION  
235 SOUTH BERETANIA STREET, SUITE 801  
HONOLULU, HAWAII 96813-2419**

**STATEMENT OF QUALIFICATIONS AND EXPRESSION OF INTEREST  
FISCAL YEAR COMMENCING JULY 1, 2024**

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 1992, 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) \_\_\_\_\_ to \_\_\_\_\_
  - 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. **DESCRIBE YOUR EXPERIENCE IN THE AREA OF CONSUMER PROTECTION LAW, INCLUDING UNFAIR OR DECEPTIVE TRADE PRACTICES.**

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**On separate sheets of paper:**

- 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 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 statement 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 signed and completed statement to: Department of Commerce and Consumer Affairs, Office of Consumer Protection, 235 South Beretania Street, Suite 801, Attn: Mana Moriarty, Executive Director. Refer to the Notice of Attorneys for the deadline dates.