

Filer's Name, Address, Phone, Fax, Email:

hib\_2090-1b (05/2017)

Debtor:

Case No.:

Joint Debtor:  
(if any)

Chapter:

[If adversary proceeding, complete the information below. Use "et al." if multiple parties.]

Plaintiff(s):

Adversary Proceeding No.:

vs.

Defendant(s):

**APPLICATION TO APPEAR PRO HAC VICE**

[Attach Declaration of Counsel in support of application. \$300.00 assessment required – see Declaration, paragraph 7.]

Name of Attorney:

Party Represented:

Name/Address  
of Local Counsel:

Pursuant to LR 83.1(e) of the Local Rules of Practice for the United States District Court for the District of Hawaii, the undersigned applies for an order permitting the above-named attorney to appear and participate as counsel pro hac vice for the above-named party in all matters in the above-captioned case or proceeding. This request is based on the declaration of the attorney seeking to appear pro hac vice.

Dated: \_\_\_\_\_ /s/ \_\_\_\_\_  
Signature\* (Print name if original signature)

*\*If this application is being signed by local counsel on behalf of the applicant, the signature constitutes consent to the designation as associate counsel; otherwise such consent shall be filed separately.*

Filer's Name, Address, Phone, Fax, Email:

Debtor:	Case No.:
Joint Debtor: (if any)	Chapter:
<i>[If adversary proceeding, complete the information below. Use "et al." if multiple parties.]</i> Plaintiff(s):  vs. Defendant(s):	Adversary Proceeding No.:

**DECLARATION OF COUNSEL**  
*[Attach to Application to Appear Pro Hac Vice.]*

Name of Declarant; Office Address; email:	
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I am not a resident of the District of Hawaii, am not regularly employed in the District of Hawaii, and am not regularly engaged in business, professional, or law-related activities in the District of Hawaii, and that:

1. The city and state of my residence and office address is:
2. I have been admitted to practice in the following courts on the dates noted:
3. I am in good standing and eligible to practice in the following courts *[declarant may state "All of the courts identified in paragraph 2"]*:
4. I (a) am not currently involved in disciplinary proceedings before any state bar, federal bar, or any equivalent; (b) have not in the past 10 years been suspended, disbarred, or otherwise subject to other disciplinary proceedings before any state bar, federal bar, or its equivalent; (c) have not been denied admission pro hac vice by any court or agency in the past 10 years; and (d) have not been the subject of a criminal investigation known to the attorney or a criminal prosecution or conviction in any court in the past ten (10) years.

5. If I am concurrently making or have made within the preceding year an application to appear pro hac vice in a case or proceeding in the District of Hawaii, the title and number of each matter is stated below, together with the date of the application and whether the application was granted.
  
6. I designate the following to serve as associate counsel who is a member in good standing of the bar of the United States District Court for the District of Hawaii and maintains an office in this district, with the address, telephone and fax numbers, and e-mail address noted:
  
7. Payment of the \$300 assessment for limited admission has or will be made, using the U.S. Treasury Internet Credit Card program if filing electronically, or by mailing a check to the Clerk, United States Bankruptcy Court, District of Hawaii, 1132 Bishop Street, Suite 250, Honolulu, HI 96813 - Attn: Financial Dept. (Payable to the Clerk, U.S. Bankruptcy Court, and noting the bankruptcy case or adversary proceeding number).

**I declare under penalty of perjury that the foregoing is true and correct.** *[Attach additional pages if any further explanation is needed.]*

Dated: \_\_\_\_\_ /s/ \_\_\_\_\_  
Signature

**CONSENT OF LOCAL COUNSEL**

*[Local counsel may sign below if consent is not recorded elsewhere.]*

Dated: \_\_\_\_\_ /s/ \_\_\_\_\_  
Signature

**CONSENT TO SERVICE BY EMAIL (CM/ECF Notices of Electronic Filing)**

*If the applicant wishes to receive notices of electronic filing and consents to service of documents via CM/ECF transmission, sign below.*

email: \_\_\_\_\_ /s/ \_\_\_\_\_  
Signature