

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

FY 2023-2024 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.

	•=::::::::::::::::::::::::::::::::::::	21 (10)/ (11011					
	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	то		
					PRESENT		
3.	LEGAL EDUCATION						
	NAME OF LAW SCHOOL		LOCATI	ON (CITY, STATE)	DEGREE RECEIVED		

Revised June 2023

GENERAL INFORMATION

JURISDICTION			DATE ADMITTED		
RANG	SE OF I	HOURLY RATES			
A. B.		icant's 's (if applicable) Partners	to		
	ii.	Associates	to	_	
	iii.	Paralegals	to	_	
Would	d you co	onsider a contingen	cy fee contract? No	Yes	
TYPES AND AMOUNTS OF COSTS CHARGED: ("Reasonable Costs" is an insufficient response. Please enumerate; attach additional sheets if necessary.)					
		TYPES		AMOUNTS	
UP TO THREE (3) AREAS OF PRACTICE IN WHICH YOU CONSIDER YOURSELF PROFICIENT AND FOR WHICH YOU WISH TO BE CONSIDERED:					
1		2	·	3	
Ons	separa X X	Estimate the tota Describe a repre case or matter de	I number of cases or me sentative sample of wo escribed, indicate the c	ctice listed in this question: natters handled; ork performed. For each representa elient for whom work was performed, appearances, if any, were made, a	

JURISDICTIONS ADMITTED TO PRACTICE (Active only)

Revised June 2023

9.

4.

Provide a list of previous Special Deputy Corporation Counsel contracts or other contracts

Honolulu, including the dates of the contracts, for the last 10 years.

entered into by you or your law firm to perform legal services on behalf of the City and County of

		iled to: <u>professionalservices@honolulu.gov</u> . OR FACSIMILIES SHALL BE ACCEPTED.					
Sigr	nature of Applicant	Date					
I he	RTIFICATION BY APPLICANT reby certify that all statements in the tof my knowledge as of the date o	is application, including attachments are true and correct to the this statement.					
	adverse to the City and County of	have you in the past represented, a party whose interest is Honolulu? Yes* No paper, please identify the adverse matters and the nature of your involvement.)					
10.	DIRECT OR INDIRECT CONFLICTS OF INTEREST						

Revised June 2023