



STATEMENT OF QUALIFICATIONS AND EXPRESSION OF INTEREST

FISCAL YEAR COMMENCING JULY 1, 2021

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 NAME	MIDDLE	OTHER NAMES USED	
BUSINESS ADDRESS			PHONE NO.	FAX NO.
CITY	STATE	ZIP CODE	EMAIL ADDRESS	

2. LAW FIRM AFFILIATION(S) *(from date of admission or 2001, 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 _____

C. Would you consider a contingency fee contract? No Yes

6. TYPES AND AMOUNTS OF COSTS CHARGED

("Reasonable Costs" is an insufficient response. Please enumerate and attach additional sheets if necessary)

TYPES	AMOUNTS

7. UP TO THREE (3) AREAS OF PRACTICE IN WHICH YOU CONSIDER YOURSELF PROFICIENT AND FOR WHICH YOU WISH TO BE CONSIDERED *(See Notice of Attorneys for areas of law)*

1.	2.	3.
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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.

8. PREVIOUS CONTRACTS (IF APPLICABLE)

Provide a list of previous contracts with RCUH, including the dates of the contracts, for the last 10 years (if applicable).

9. DIRECT OR INDIRECT CONFLICTS OF INTEREST

Are you currently representing or have you previously represented, a party whose interest is/was adverse to RCUH or the State of Hawai'i? No Yes*

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

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 _____ Date _____

Email your completed SOQ and attachments to: eyoda@rcuh.com.