

APPLICATION FOR EXTENDED COVERAGE

PLEASE PRINT ALL INFORMATION

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| NAME OF CASE FOR WHICH COVERAGE IS SOUGHT | | CASE NO. (INCLUDE DESIGNATION, E.G., CRIM. NO. 000) IF AVAILABLE | | |
| DATE PROCEEDING IS SCHEDULED TO BEGIN | TIME, IF KNOWN | FOR JUDICIARY COORDINATOR'S USE ONLY | | |
| | | DATE APPLICATION RECEIVED | TIME APPLICATION RECEIVED | |
| NAME OF PRESIDING JUDGE | TELEPHONE NO. | DATE | TIME | MESSAGE I.D. |
| NAME OF PARTY'S ATTORNEY | TELEPHONE NO. | DATE | TIME | MESSAGE I.D. |
| NAME OF PARTY'S ATTORNEY | TELEPHONE NO. | DATE | TIME | MESSAGE I.D. |
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| NAME OF PARTY'S ATTORNEY | TELEPHONE NO. | DATE | TIME | MESSAGE I.D. |
| NAME OF PARTY'S ATTORNEY | TELEPHONE NO. | DATE | TIME | MESSAGE I.D. |
| LOCATION OF PROCEEDINGS: (CHECK APPROPRIATE BOX) <input type="checkbox"/> O'AHU <input type="checkbox"/> HAWAI'I <input type="checkbox"/> KAUA'I <input type="checkbox"/> MOLOKA'I <input type="checkbox"/> LĀNA'I <input type="checkbox"/> MAUI | | TITLE OF COURT: (CHECK APPROPRIATE BOX) <input type="checkbox"/> SUPREME COURT <input type="checkbox"/> CIRCUIT COURT <input type="checkbox"/> FAMILY COURT <input type="checkbox"/> DISTRICT COURT <input type="checkbox"/> INTERMEDIATE COURT OF APPEALS | | |
| NAME OF PERSON MAKING APPLICATION | | BUSINESS TELEPHONE NO. | | DATE OF APPLICATION |
| NAME OF ORGANIZATION SEEKING COVERAGE | | TYPE OF ORGANIZATION: (CHECK APPROPRIATE BOX) <input type="checkbox"/> MEDIA <input type="checkbox"/> EDUCATIONAL <input type="checkbox"/> OTHER | | |
| IF THERE IS ANY PORTION OF THE PROCEEDING FOR WHICH YOU DO NOT SEEK COVERAGE, PLEASE STATE: | | <input type="checkbox"/> Yes, I would like to order a copy of the Judicial Determination of Probable Cause (JDPC) associated with this case and agree to pay \$1 for the first page copied and \$.50 for each additional page. | | |

Application for extended coverage must be received by the appropriate Judiciary Coordinator in reasonable time so that the attorneys for the parties can be notified before the scheduled proceeding for which extended coverage is sought. If adequate notice is not given, the requirements of the extended coverage application process will not have been met. Denial of this application does not bar submittal of applications for coverage of subsequent court proceedings in this case. (Rule 5.1, Rules of the Supreme Court of the State of Hawai'i.)

Please submit this completed form to the appropriate Judiciary Coordinator listed below.

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| <p>APPELLATE COURTS (O'ahu) Supreme Court, & Intermediate Court of Appeals Coordinator: Supreme Court Clerks' Office 417 South King Street, Room 103 Phone: 539-4919, FAX: 539-4928</p> <p>FIRST CIRCUIT (O'ahu) Circuit Court Coordinator: Office of the Chief Court Administrator 777 Punchbowl Street Phone: 539-4448, FAX: 539-4402</p> <p>District Court Coordinator: Evelyn Luk, Court Administrator, Legal Doc. Branch 1111 Alakea Street, 3rd Floor Phone: 538-5163, FAX: 538-5111</p> <p>Family Court Coordinator: Valerie Tomita, Office of the Chief Court Administrator 4675 Kapolei Parkway Phone: 954-8200, FAX: 954-8308</p> | <p>SECOND CIRCUIT (Maui, Moloka'i, Lāna'i) Circuit Court Coordinator: Sandy Kozaki, Office of the Chief Court Administrator 2145 Main Street, Room 106 Phone: 244-2929, FAX: 244-2777</p> <p>District Court Coordinator: Colin Rodrigues, Office of the Deputy Chief Court Admin. 2145 Main Street, Suite 137 Phone: 244-2855, FAX: 244-2849</p> <p>THIRD CIRCUIT (Hawai'i) Circuit Court/District Court Coordinator: Lester Oshiro, Office of the Chief Court Administrator 777 Kilauea Avenue Phone: 961-7440, FAX: 961-7598</p> <p>FIFTH CIRCUIT (Kaua'i) Circuit Court/District Court Coordinator: Vera Tabe, Office of the Chief Court Administrator 3970 Kā'ana Street, Suite 208 Phone: 482-2314, FAX: 482-2509</p> |
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