



Supreme Court Law Library
LIBRARY CARD APPLICATION

Category (please check one)	Requirements
<input type="checkbox"/> New Bar Admittee <input type="checkbox"/> Affiliate Member	Verification of active membership with the Hawai'i State Bar Association. <i>Card valid for 6 months from date issued</i>
<input type="checkbox"/> Legal Support Staff <input type="checkbox"/> Full-Time <input type="checkbox"/> Intern/Volunteer <input type="checkbox"/> Visiting Attorney	Application must be co-signed by a licensed Hawai'i attorney with an active Hawai'i State Bar Association membership. <i>Card valid for 1 calendar year: full-time staff, visiting attorney</i> <i>Card valid for 3 months from date issued: intern/volunteer</i>
<input type="checkbox"/> Legislative Service Agency	Must be employed by Hawai'i Legislative Reference Bureau, Office of the Auditor, State Ethics Commission, Ombudsman, or Legislature. Application must be co-signed by department director. <i>Card valid for 1 calendar year</i>
<input type="checkbox"/> Self-Represented Litigant	Approval subject to verification of Hawai'i court case + Picture ID <i>Card valid for 3 months from date issued</i>

Delivery by Mail ☐ OR Pick-up ☐

All information kept confidential. Allow 3-5 business days for processing of application.

NAME _____

BUSINESS/FIRM NAME (if applicable) _____

BUSINESS/HOME ADDRESS (required) _____

EMAIL ADDRESS (required) _____

PHONE NO. (required) _____

The undersigned agrees to be responsible for all materials borrowed on their card, on any card they co-sign, and for any charges incurred for lost or damaged items.

Violations of any regulations shall subject the offending party to liability for loss or damage, summary suspension or permanent deprivation of the facilities and privileges of the law library, or such other disciplinary actions as shall be determined by the Supreme Court. Rule 12(d), Rules of the Supreme Court of Hawai'i.

Applicant's Signature _____ Date _____

For Legal Support Staff/Visiting Attorney/Legislative Service Agency applications:

Attorney/Director Name _____

Attorney/Director Signature _____ Date _____

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FOR OFFICE USE ONLY:

CARD NO. _____ DATE ISSUED _____ EXPIRATION DATE _____