

**UNITED STATES DISTRICT COURT**  
for the  
District of Hawaii

STATE OF HAWAII )  
 )  
 )  
 )

Case No. 17-00050-DKW-KJM

*Plaintiff* )  
 )

v. )  
 )

DONALD J. TRUMP, et al. )  
 )  
 )  
 )

*Defendant* )  
 )  
 )

**MOTION TO APPEAR PRO HAC VICE**

(Attach Declaration of Counsel in support of motion. \$300.00 assessment required to be paid through Pay.gov.)

Name of Attorney:	Elizabeth Hagerty		
Firm Name:	Hogan Lovells US LLP		
Firm Address:	555 Thirteenth Street NW Washington, DC 20004		
Attorney CM/ECF Primary email address:	elizabeth.hagerty@hoganlovells.com		
Firm Telephone:	(202) 637-3231	Firm Fax:	(202) 637-5910
Party Represented:	State of Hawaii		
Name/Address of Local Counsel	Deirdre Marie-Iha, Dept. of the Attorney General 425 Queen Street Honolulu, HI 96813		

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.

2/5/17

Dated:



Signature\*

Deirdre Marie-Iha

(Print name if original signature)

\*If this motion 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.



5. If I am concurrently making or have made within the preceding year a motion 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 motion and whether the motion was granted.  
N/A

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:

Deirdre Marie-Iha, Department of the Attorney General, State of Hawaii  
425 Queen Street  
Honolulu, HI 96813  
Tel: (808) 586-1500, Fax: (808) 586-1239, Email: deirdre.marie-iha@hawaii.gov

7. CM/ECF: *Filing documents electronically/Receiving e-mail notification.*

Full participation. I am requesting a waiver of the required CM/ECF training. I am a registered user of CM/ECF in the following Bankruptcy and/or District Court(s):

Full participation. Computer Based Training (CBT) completed. I have completed CBT modules 1 and 2 currently available on the USDC District of Hawaii website at: [www.hid.uscourts.gov](http://www.hid.uscourts.gov)

- a. I will abide by all orders, rules, and administrative procedures governing the use of my login and password and the electronic filing of documents in the CM/ECF system of the United States District Court for the District of Hawaii.
- b. Use of my CM/ECF User login and password constitutes my signature on an electronically filed document for all purposes and shall have the same force and effect as if I had affixed my signature on a paper copy of the document being filed (full participation registrants only).
- c. I may authorize one or more employees or office staff members to use my login and password for the electronic filing of a document. However, such use constitutes my signature on the electronically filed document. I will not knowingly permit use of my login and password by anyone not so authorized, I shall take steps to prevent such unauthorized use, and I shall be fully responsible for all use of the login and password whether authorized or unauthorized. If authorization to use a login and password is withdrawn (e.g., when a staff member leaves employment) or if unauthorized use of a login and password is suspected, I shall select and activate a new password for use in the CM/ECF system. I also shall immediately notify the court upon learning of any unauthorized use. I understand that failure to change the password and notify the court may result in sanctions (full participation registrants only).
- d. This registration constitutes my waiver of service of a paper copy of a notice and a request in writing that, instead of notice by mail, notice be sent to me by electronic transmission through the court's CM/ECF system. This also constitutes my consent in writing to accept service of documents by e-mail through the CM/ECF system. I will maintain an active e-mail account for notice and service by electronic transmission, and will keep such e-mail account information current in my CM/ECF User account.

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

Dated: 2/5/17

/s/ Elizabeth Hagerty

Signature

**CONSENT OF LOCAL COUNSEL**

(Local counsel may sign below if consent is not recorded elsewhere.)

Dated: \_\_\_\_\_

Signature

IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF HAWAII

STATE OF HAWAII	)	Case. No.
	)	
Plaintiff,	)	ORDER GRANTING MOTION TO
	)	APPEAR PRO HAC VICE AS TO
vs.	)	<u>Elizabeth Hagerty</u>
	)	
DONALD J. TRUMP, et al.	)	
	)	
Defendant.	)	
	)	

**ORDER GRANTING MOTION  
TO APPEAR PRO HAC VICE**

The Court GRANTS the Motion of Elizabeth Hagerty to  
Appear Pro Hac Vice.

Name of Attorney:	Elizabeth Hagerty
Firm Name:	Hogan Lovells US LLP
Firm Address:	555 Thirteenth Street NW Washington, DC 20004
Attorney CM/ECF Primary email address:	elizabeth.hagerty@hoganlovells.com
Firm Telephone:	(202) 637-3231
Party Represented	State of Hawaii

IT IS SO ORDERED.

DATED: Honolulu, Hawaii, \_\_\_\_\_