

UNITED STATES DISTRICT COURT
 for the
District of Hawaii

STATE OF HAWAII, et al.

)

Plaintiff

)

)

v.

)

DONALD J. TRUMP, et al.

)

)

Defendant

)

Case No. 17-00050-DKW-KJM**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:	Sara Solow		
Firm Name:	Hogan Lovells US LLP		
Firm Address:	1835 Market Street, 29th Floor Philadelphia, PA 19103		
Attorney CM/ECF Primary email address:	sara.solow@hoganlovells.com		
Firm Telephone:	(267) 675-4654	Firm Fax:	(267) 675-4601
Party Represented:	State of Hawaii; Ismail Elshikh		
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.

2/15/17

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.

UNITED STATES DISTRICT COURT
 for the
 District of Hawaii

STATE OF HAWAII, et al.

)

Plaintiff

)

Case No. 17-00050-DKW-KJM*v.*

)

DONALD J. TRUMP, et al.

)

)

Defendant

)

)

DECLARATION OF COUNSEL

(Attach to Motion to Appear Pro Hac Vice.)

Name of Declarant: **Sara Solow**

I am not a resident of the District of Hawaii, am not regularly employed in the District of Hawaii, and am not regularly engaged in business, professional or law-related activities in the District of Hawaii, and that:

1. The city and state of my residence and office address is:

1835 Market Street, 29th Floor
 Philadelphia, PA 19103

2. I have been admitted to practice in the following courts on the dates noted:

New York #5175666 (10/24/2013); Pennsylvania #311081 (11/28/2011); New Jersey #031152011 (11/21/2011);
 District of New Jersey #031152011 (12/1/2011); Third Circuit (7/6/2012)

3. I am in good standing and eligible to practice in the following courts (declarant may state "All of the courts identified in paragraph 2"):

All of the courts identified in paragraph 2

4. I (a) am not currently involved in disciplinary proceedings before any state bar, federal bar, or any equivalent;

(b) have not in the past 10 years been suspended, disbarred, or otherwise subject to other disciplinary proceeding before any state bar, federal bar, or its equivalent; (c) have not been denied admission pro hac vice by any court or agency in the past 10 years; and (d) have not been the subject of a criminal investigation known to the attorney or a criminal prosecution or conviction in any court in the past ten (10) years.

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-ihahawaii.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

- 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: 2/13/17

/s/ Sara Solow

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, et al.) Case. No. 17-00050-DKW-KJM
)
)
Plaintiff,) ORDER GRANTING MOTION TO
) APPEAR PRO HAC VICE AS TO
) Sara Solow
)
)
vs.)
)
)
DONALD J. TRUMP, et al.)
)
)
)
Defendant.)
)
)

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

The Court GRANTS the Motion of Sara Solow to
Appear Pro Hac Vice.

Name of Attorney:	Sara Solow
Firm Name:	Hogan Lovells US LLP
Firm Address:	1835 Market Street, 29th Floor Philadelphia, PA 19103
Attorney CM/ECF Primary email address:	sara.solow@hoganlovells.com
Firm Telephone:	(267) 675-4654
Party Represented	State of Hawaii; Ismail Elshikh

IT IS SO ORDERED.

DATED: Honolulu, Hawaii, _____

UNITED STATES DISTRICT COURT
DISTRICT OF HAWAII



Completion of this form registers an attorney for Electronic Filing and service of pleadings by email. If you plan on attending training or using the Computer Based Training videos (for "Full Participation" in the court's CM/ECF system), please make sure you have read through the Skills Checklist and have answered all the questions. Please note that case queries require a PACER account. You can register for a PACER account at <http://pacer.psc.uscourts.gov>.

Attorneys requesting to file documents electronically must be admitted to practice in the United States Courts, District of Hawaii pursuant to Local Rule 83.1 or otherwise be eligible to practice (attorneys for the United States and Federal Defender Organization).

Type of Participation
(Please check on box)



Full participation. (Court sponsored training required) Register for training: trainer_cmecf@hid.uscourts.gov
Filing documents electronically/Receiving e-mail notification. I am signed up for the following class: _____



Full participation. Computer Based Training (CBT) completed. I have completed the CBT modules currently available on the USDC District of Hawaii website at: www.hid.uscourts.gov
Filing documents electronically/Receiving e-mail notification.



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

Filing documents electronically/Receiving e-mail notification.

Name: Sara Solow Bar ID and State: PA Bar No. 311081

Firm/Agency Name: Hogan Lovells US LLP

Address: 1835 Market Street 29th Floor

City/State/Zip: Philadelphia, PA 19103

Telephone Number: 267-675-4654 Fax Number: (267) 675-4601

Primary E-mail address for service and notice: sara.solow@hoganlovells.com

PLEASE READ AND SIGN THE FOLLOWING PAGE

By signing and submitting this registration form, I agree to the following.

1. 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.
2. Use of my 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).
3. 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 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).
4. 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 ECF User account.
5. I will promptly submit payment of any fees required for the filing of a document in accordance with payment procedures established under the CM/ECF administrative procedures.

Signature: /s/ Sara Solow

2/6/2017
Date: _____

Submit by mail to:

or Fax to:

or email to:

Clerk - ECF Registration
United States District Court
District of Hawaii
300 Ala Moana Blvd C-338
Honolulu, HI 96850

(808) 541-1303

trainer_cmeccf@hid.uscourts.gov