

STATE OF HAWAI'I CIRCUIT COURT OF THE CIRCUIT		JUDGMENT	
CASE NUMBER		FILING PARTY/ATTORNEY NAME & NO., ADDRESS, PHONE, EMAIL	
CASE NAME			

JUDGMENT

This appeal from the _____ of the _____
_____ has been heard by the Court,
the Honorable _____, presiding. In consideration thereof,
IT IS HEREBY ORDERED, ADJUDGED, AND DECREED, pursuant to Rules 58 and 72(k) of the Hawai'i
Rules of Civil Procedure:
That the _____ of the _____
is _____.
All other claims, counterclaims, or cross-claims are dismissed _____ prejudice.

DATE	JUDGE	JUDGE SIGNATURE
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NOTICE OF ENTRY
THIS ORDER HAS BEEN ENTERED AND COPIES MAILED OR DELIVERED TO ALL PARTIES.

DATE	CLERK	CLERK SIGNATURE
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In accordance with the Americans with Disabilities Act, and other applicable state and federal laws, if you require a reasonable accommodation for a disability, please contact the ADA Coordinator at the Circuit Court Administration Office on OAHU- Phone No. 808-539-4400, TTY 808-539-4853, FAX 539-4402; MAUI- Phone No. 808-244-2929, FAX 808-244-2777; HAWAII- Phone No. 808-961-7424, TTY 808-961-7422, FAX 808-961-7411; KAUAI- Phone No. 808-482-2365, TTY 808-482-2533, FAX 808-482-2509, at least ten (10) working days prior to your hearing or appointment date.