

EX PARTE REQUEST FOR DEFAULT JUDGMENT; DEFAULT JUDGMENT BY CLERK

Form #1DC16

IN THE DISTRICT COURT OF THE _____ CIRCUIT STATE OF HAWAII _____ DIVISION													
Plaintiff(s) 	Reserved for Court Use Civil No. Filing Party(ies)/Filing Party(ies)' Attorney (Name, Attorney Number, Firm Name (if applicable), Address, Telephone and Facsimile Numbers) 												
Defendant(s)													
Against Defendant(s):	Entry of Default filed:												
EX PARTE REQUEST FOR DEFAULT JUDGMENT Plaintiff(s) requests Default Judgment against Defendant(s) on the grounds that Defendant(s) has failed to answer, appear or otherwise defend, and the time to otherwise move or plead has expired and has not been extended in this action. This request is made pursuant to District Court Rules of Civil Procedure, Rule 55(b)(1). The following is a true and correct calculation of the sums due as reflected on the Verified Complaint filed herein: <table style="width: 100%; border: none;"> <tr> <td style="width: 70%;">Amount Claimed</td> <td style="border-bottom: 1px solid black; width: 30%;"></td> </tr> <tr> <td>Interest</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td>Costs of Court</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td>Sheriff's Fees</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td>Sheriff's Mileage</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td>Total Default Judgment Requested</td> <td style="border-bottom: 3px double black;"></td> </tr> </table> *To recover attorney's fees and/or extraordinary costs, a separate affidavit must be submitted to the Court for approval. Incorporate all sums approved into the final "court form" judgment.		Amount Claimed		Interest		Costs of Court		Sheriff's Fees		Sheriff's Mileage		Total Default Judgment Requested	
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Interest													
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Total Default Judgment Requested													
Date:	Signature of Filing Party(ies)/Filing Party(ies) Attorney: Print/Type Name:												
DEFAULT JUDGMENT BY CLERK Default Judgment is granted in the sums noted above.													
Date:	Clerk of the above-entitled Court												
In accordance with the Americans with Disabilities Act if you require an accommodation or assistance, please contact the District Court Administration Office at PHONE NO. 538-5121, FAX 538-5233, or TTY 539-4853 at least ten (10) working days in advance of your hearing or appointment date.													
DF2M TNRE .X (Amended 4/18/97)	I certify that this is a full, true, and correct copy of the original on file in this office. <div style="text-align: right; margin-top: 20px;"> _____ Clerk, District Court of the above Circuit, State of Hawai'i </div>												