PETITIONER'S MOTION TO SEAL ADDRESS AND TELEPHONE NUMBER

Form #3DC01

IN THE DISTRICT COURT OF THE THIRD CIRCUIT _____ DIVISION STATE OF HAWAI'I	
Petitioner	**Reserved for Court Use** Civil No. **SS**
Respondent	Filing Party/Attorney Name, Attorney Number, Firm Name (if applicable), Address, Telephone and Fax Numbers **(Petitioner - leave this box blank)**

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DECLARATION

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOLLOWING IS TRUE AND CORRECT.

1. I am the Petitioner.

2. I am requesting that the Court seal my address and/or telephone number because **(state facts why you are making the request)**:

Date:	Signature of Petitioner: Print/Type Name(s):

Reserved for Court Use

COURT ORDER

This motion is: ❑ **GRANTED** ❑ **DENIED**

Date:	Judge:

In accordance with the **Americans with Disabilities Act** , and other applicable State and Federal laws, if you require an accommodation for your disability when working with a court program, service, or activity please contact the District Court Administration Office at PHONE NO. 961-7424, FAX 961-7411, OR TTY 961-7422 **at least (10) working days in advance** of your hearing, or appointment date.

Clear form