

**EX PARTE MOTION FOR  DISCONTINUANCE OF ORDER FOR EXAMINATION AND/OR  RECALL OF BENCH WARRANT; ORDER; CERTIFICATE OF SERVICE**

<b>IN THE DISTRICT COURT OF THE THIRD CIRCUIT</b> _____ <b>DISTRICT</b> <b>STATE OF HAWAI‘I</b>	
Plaintiff(s)	Reserved for Court Use Court Date:  Civil No.
Defendant(s)	Filing Party(ies)/Filing Party(ies)' Attorney (Name, Attorney Number, Firm Name (if applicable), Address, Telephone and Facsimile Numbers)
List name of Person to be examined or Person having failed to appear:	Filing date of Motion for Order for Examination:

**EX PARTE MOTION FOR  DISCONTINUANCE OF ORDER FOR EXAMINATION AND/OR  RECALL OF BENCH WARRANT**

Judgment Creditor(s) requests to  discontinue the above dated Order for Examination or Order for Examination on Judgment Debtor(s)/Person Having Knowledge and/or  to recall Bench Warrant ordered on \_\_\_\_\_ and issued on \_\_\_\_\_.

**CERTIFICATE OF SERVICE**

I certify that a copy of this Motion was served at the last known address(es) of Judgment Debtor(s), Person Having Knowledge of the Affairs of Judgment Debtor(s), Person Having Failed to Appear, or his/her/its/their Attorney listed below on \_\_\_\_\_ by  Hand-delivery or  Mail, Postage Prepaid, at the following address(es).

Date:	Signature of Filing Party(ies)/Filing Party(ies)' Attorney:
Date:	Print/Type Name:
Date:	Approved and So Ordered:
Date:	Judge of the above-entitled Court:



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 ADA Coordinator at PHONE NO. (808) 961-7424, FAX (808) 961-7411, or TTY (808) 961-7422 **at least (10) working days before** your preceeding, hearing, or appointment date.  
**For all Civil related matters, please call or visit the District Court at: Hilo Division, 777 Kilauea Avenue, Hilo, Ph. (808) 961-7515 • Kohala Division, 67-5187 Kamamalu Street, Kamuela, Ph. (808) 443-2030 • Kona Division, 79-1020 Haukapila Street, Kealahou, Ph. (808) 322-8700.**

DISCOE	I certify that this is a full, true and correct copy of the original on file in this office.  _____ Clerk, District Court of the Above Circuit, State of Hawai‘i
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