

PLAINTIFF(S)' / DEFENDANT(S)' NON-HEARING MOTION

TO / FOR _____;

DECLARATION; NOTICE OF MOTION; CERTIFICATE OF SERVICE

IN THE DISTRICT COURT OF THE THIRD CIRCUIT _____ DIVISION STATE OF HAWAI'I	
Plaintiff(s)	Reserved for Court Use
	Civil No.
Defendant(s)	Filing Party(ies)/Filing Party(ies)' Attorney (Name, Attorney Number, Firm Name (if applicable), Address, Telephone and Facsimile Numbers)

PLAINTIFF(S)' / DEFENDANT(S)' NON-HEARING MOTION TO / FOR

Filing Party requests that this Motion be granted for the reasons stated in the Declaration below and is made pursuant to:

- Rules of the District Court of the State of Hawai'i, Rule _____;
- District Court Rules of Civil Procedure, Rule _____;
- Rules of the Small Claims Division of the District Courts, Rule _____;
- Hawai'i Revised Statutes § _____.

DECLARATION

1. I am the Movant or associated with Movant as _____;
2. The following are facts why the Motion should be granted (attach continuation page, if necessary):

I DECLARE UNDER PENALTY OF LAWS WHAT I HAVE STATED IS TRUE AND CORRECT.

Date:	Signature of Declarant:
	Print/Type Name:

NOTICE OF MOTION

TO: _____

Any response to this Motion must be in writing on page 2 of Form# 3DC39 and filed with the Court no later than 10 days from the date shown on the Certificate of Service on the page 2 of Form# 3DC39 when the Motion is hand-delivered or 12 days when the Motion is mailed. Your written response can be delivered or mailed to the Court at: 777 Kilauea Avenue, Civil Division, Hilo, HI 96720 79-1020 Haukapila Street, Kealakekua, HI 96750 67-5187 Kamamalu Street, Kamuela, HI 96743. **IF NO RESPONSE IS RECEIVED BY THE COURT BY THE DATES SPECIFIED IN THIS NOTICE, THIS MOTION MAY BE GRANTED.**

CERTIFICATE OF SERVICE

I certify that on (date): _____ I served a copy of this Motion on all party(ies) or their attorney(s) by
 Hand delivery or Mail, addressed as follows:

Date:	Signature of Filing Party(ies)/Filing Party(ies)' Attorney
Date:	Print/Type Name

RESPONSE TO MOTION/CERTIFICATE OF SERVICE

- I DO NOT OBJECT to this Motion.

- I DISAGREE with this Motion for the following reasons:
(Attach continuation page, if necessary)

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I DECLARE UNDER PENALTY OF LAW THAT WHAT I HAVE STATED IS TRUE AND CORRECT.

CERTIFICATE OF SERVICE

I certify that on (date): _____ I served a copy of this Response to the Motion on all party(ies) or their attorney(s) by Hand delivery or Mail, addressed as follows:

Date:	Signature of Responding Party(ies)/Responding Party(ies)' Attorney
Date:	Print/Type Name

COURT ORDER

Reserved for Court Use

- This Motion **GRANTED** **DENIED**
 PARTIALLY GRANTED as follows:

Date:	Judge
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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) 961-7629, FAX (808) 961-7577, or email adarequest@courts.hawaii.gov **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.