

IN THE DISTRICT COURT OF THE FIFTH CIRCUIT LĪHU‘E DIVISION STATE OF HAWAI‘I	
Plaintiff(s)	Reserved for Court Use
Defendant(s)	Civil No.
	Filing Party/Attorney Name, Attorney Number, Firm Name (if applicable) Address, Telephone and Fax Number.

STATEMENT OF CLAIM

Plaintiff alleges as follows:

I am a resident and/or do business at _____ .

Since (date) _____ , 20 ____ , Defendant owes me the sum of \$ _____ for _____

Defendant resides and/or does business at _____

_____ in the state of Hawai‘i.

Plaintiff asks for a judgment in the principal amount of \$ _____ .

In addition, Plaintiff asks for an award of interest, costs and fees as deemed reasonable and allowed by the Court.

DECLARATION

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

Date:	Signature of Declarant:
	Print/Type Name:

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

NOTICE

TO _____ :

This Statement of Claim will be heard by a Judge at the address checked below on

Monday, _____ 20 ____ at 8:45 a.m.

YOU MUST BE PRESENT ON THIS TRIAL DATE TO AVOID JUDGMENT BY DEFAULT.

COURT ADDRESS

District Court of the Fifth Circuit
Pu‘uhonua Kaulike
Courtroom #2
3970 Kā‘ana Street
Līhu‘e, Hawai‘i 96766

Mailing Address for the court: 3970 Kā‘ana Street, Suite 207, Līhu‘e, Hawai‘i 96766-1282

If you have witnesses, or documents related to this claim, you should bring them with you to trial.

If you wish to subpoena witnesses for trial, contact the clerk as soon as possible before trial.

You may come with or without an attorney.

A Small Claims case cannot be transferred to the Regular Claims Division unless the Plaintiff agrees to the transfer and the Regular Claims filing fee is paid to the Court.

If a counterclaim is for more than \$5,000.00, either party may demand a jury trial, pay the jury demand fee, and the case will be transferred to the Circuit Court

You have NO RIGHT TO APPEAL from a judgment of the Small Claims Division.

IF YOU DO NOT APPEAR AND DEFEND ON THE DATE AND TIME STATED ABOVE, A DEFAULT JUDGMENT MAY BE ENTERED AGAINST YOU FOR THE AMOUNTS REQUESTED IN THIS STATEMENT OF CLAIM.

Clerk

This notice shall not be personally delivered between 10:00 p.m. and 6:00 a.m. on premises not open to the public, unless the court permits, in writing on this notice, personal delivery during those hours.



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 Deputy Chief Court Administrator’s Office at PHONE NO. (808) 482-2347, FAX (808) 482-2509, OR TTY (808) 482-2533 **at least (10) working days in advance** of your hearing, or appointment date.