

**COMPLAINT (ASSUMPSIT-MONEY OWED);
DECLARATION; EXHIBIT(S); SUMMONS**

Form #5DC07

IN THE DISTRICT COURT OF THE FIFTH CIRCUIT STATE OF HAWAI‘I	
Plaintiff(s)	Reserved for Court Use
	Civil No.
Defendant(s)	Plaintiff(s)/Plaintiff(s)' Attorney (Name, Attorney Number, Firm Name (if applicable), Address, Telephone and Facsimile Numbers)
Amount Claimed by Plaintiff:	Last Date of Indebtedness:

COMPLAINT

1. This Court has jurisdiction over this matter and venue is proper.
2. On or about _____, Defendant(s) owed money to Plaintiff(s) as follows:
3. A copy of the written instrument on which the debt is based is attached as Exhibit 1.
4. Plaintiff(s) asks for Judgment in the principal amount of \$ _____.
In addition, the Court may award court costs, interest and reasonable attorney's fees.
5. The Servicemembers Civil Relief Act, 50 U.S.C. App. §501 may apply to a Defendant who is classified active duty as defined in the Act. Please check all that apply.
 - To the best of my knowledge, the Defendant is not an active duty member of the Military.
 - The following Defendant is an active duty member of the Military. Name: _____.
 - I am unable to determine whether the Defendant is an active duty member of the Military. Please attach separate sheet indicating what attempt was made to determine Defendant's military status.

Date:	Signature of Plaintiff(s)/Plaintiff(s) Attorney:
	Print/Type Name(s):

DECLARATION

I have read this Complaint, know the contents and verify that the statements are true to my personal knowledge and belief. I DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE IS TRUE AND CORRECT.

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

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

**IN THE DISTRICT COURT OF THE FIFTH CIRCUIT
STATE OF HAWAII**

Plaintiff(s)

Reserved for Court Use

Civil No.

Defendant(s)

Filing Party/Attorney Name, Attorney Number, Firm Name (if applicable), Address, and Telephone Number

SUMMONS

THE STATE OF HAWAII:

TO: The Director of Law Enforcement of the State of Hawai‘i, the Director’s deputy, or any police officer or other person authorized by the laws of the State of Hawai‘i:

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

TO THE DEFENDANT(S):

You are required to file a written answer or appear before the District Judge of this Court, in the Judge’s Courtroom, on the day and at the time designated below. If the Defendant is a corporation or limited liability company, Hawai‘i law requires it to be represented by an attorney licensed to practice in the State of Hawai‘i.

IF YOU OR YOUR ATTORNEY FAIL TO ATTEND THE COURT HEARING AT THE TIME AND PLACE DESIGNATED BELOW OR FILE A WRITTEN ANSWER, A DEFAULT JUDGMENT WILL BE TAKEN AGAINST YOU FOR THE RELIEF DEMANDED IN THE COMPLAINT.

District Court Division - 3970 Kā‘ana Street, Courtroom #2, Līhue, Hawai‘i 96766 at 8:00 a.m. on the third **Monday** following date of service and should said **Monday** be a legal holiday then upon the next **Monday**.

Mailing Address for the court District Court Civil Division 3970 Kā‘ana Street, Suite 207, Līhue, HI 96766

Date:

Clerk

Americans with Disabilities Act Notice



If you need an accommodation for a disability when participating in a court program, service or activity, please contact the ADA Coordinator as soon as possible to allow the court time to provide an accommodation:

- Call (808) 482-2347, FAX (808) 482-2509; or send an email to adarequest@courts.hawaii.gov

The court will try to provide, but cannot guarantee, your requested auxiliary aid, service or accommodation.

For Civil related matters, please call (808) 482-2303 DC Civil Division or visit the Self Help Center at 3970 Kā‘ana Street, Suite 207, Līhue, HI 96766