STIPULATION FOR CONTINUANCE

Form #5DC12

IN THE DISTRICT COURT OF THE FIFTH CIRCUIT
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)

Court Date & Time (if any):
☐ Return
☐ Pre-Trial ☐ Trial
☐ None ☐ Other:_____

STIPULATION FOR CONTINUANCE

All appearing parties enter a STIPULATION FOR CONTINUANCE in the above-entitled matter for the following reason(s): (Attach continuation page, if necessary).

By signing this document, we acknowledge that if approved, the new court date is:

Date: _____ Time: _____ ☐ a.m. or ☐ p.m. ☐ Return ☐ Pre-Trial ☐ Other: _____

(All appearing parties must sign below.)

Date:	Signature of Plaintiff(s)/Plaintiff(s)' Attorney: Print/Type Name:
Date:	Signature of Defendant(s)/Defendant(s)' Attorney: Print/Type Name:
Date:	☐ Approved ☐ Denied Judge of the above-entitled Court

In accordance with the **Americans with Disabilities Act** if you require an accommodation for your disability, please contact the District Court Administration Office at PHONE NO. 482-2347, FAX 482-2509, OR TTY 482-2533 at least (10) working days in advance of your hearing or appointment date.

Clear form