

STIPULATION FOR DISMISSAL

<p>IN THE DISTRICT COURT OF THE FIFTH CIRCUIT STATE OF HAWAII</p>	
<p>Plaintiff(s)</p>	<p>Reserved for Court Use</p>
	<p>Civil No.</p>
<p>Defendant(s)</p>	<p>Filing Party(ies)/Filing Party(ies)' Attorney (Name, Attorney Number, Firm Name (if applicable), Address, Telephone and Facsimile Numbers)</p>
<p>Court Date & Time:</p> <p><input type="checkbox"/> Return <input type="checkbox"/> Pre-Trial <input type="checkbox"/> Trial</p> <p><input type="checkbox"/> None <input type="checkbox"/> Disposition/Other</p>	

STIPULATION FOR DISMISSAL

Plaintiff(s) and Defendant(s) Stipulate for the Entry of Dismissal in the above-entitled case (select one) **WITH** **WITHOUT** prejudice pursuant to District Court Rules of Civil Procedure, Rule 41 (a)(1)(ii). This Stipulation for Dismissal is being signed by all parties who have appeared in this action.

(select one)

Partial Dismissal as to Defendant(s) _____
(Certificate of Service required on other Defendant(s))

By signing this document, I/we acknowledge that there are no remaining claims on parties.

<p>Date:</p>	<p>Signature of Plaintiff(s)/Plaintiff(s)' Attorney:</p> <p>Print/Type Name:</p>
<p>Date:</p>	<p>Signature of Plaintiff(s)/Plaintiff(s)' Attorney:</p> <p>Print/Type Name:</p>
<p>Date:</p>	<p>Signature of Defendant(s)/Defendant(s)' Attorney:</p> <p>Print/Type Name:</p>
<p>Date:</p>	<p>Signature of Defendant(s)/Defendant(s)' Attorney:</p> <p>Print/Type Name:</p>



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.