STATE OF HAWAI'I DISTRICT COURT OF THE FIFTH CIRCUIT	**EXHIBIT LIST** **DO NOT FILE WITH COURT**	CIVIL NUMBER

Plaintiff(s)	Plaintiff(s)/Plaintiff(s)' Attorney (Name, Attorney Number, Firm Name (if applicable), Address, Telephone and Facsimile Numbers)
Defendant(s)	Defendant(s)/Defendant(s)' Attorney (Name, Attorney Number, Firm Name (if applicable), Address, Telephone and Facsimile Numbers)

Date of Trial or Hearing:

*DESIGNATION OF IDENTIFICATION CODES __ PLAINTIFF __ DEFENDANT	OFFERED FOR IDENTIFICATION	RECEIVED IN EVIDENCE	WITHDRAWN	DESCRIPTION OF EXHIBIT	DATE R = RETURNED D = DESTROYED OTHER COMMENTS

In accordance with the **American 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 428-2533 at least ten (10) working days in advance of your hearing or appointment date.

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* Plaintiff(s) to label exhibits in numerical order. Example: Plaintiff(s) -- 1, 2, 3, etc. Defendant(s) to label exhibits in alphabetical order. Example: Defendant(s) -- A, B, C, etc.

A completed list and all exhibit(s) shall be presented to the Court at the time of trial or hearing.