

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)
Garnishee(s)	Return Date when Garnishee Order was Granted

GARNISHEE ORDER

FOR WAGES, SALARY, COMMISSION, STIPEND, ANNUITY, NET INCOME OR A PORTION OF NET INCOME UNDER A TRUST, WITHHELD BY GARNISHEE

It is **ORDERED, ADJUDGED AND DECREED** that Garnishee above named pay such amount or amounts withheld to Judgment Creditor(s) or Judgment Creditor(s)' attorney, until the balance of \$ _____ of the judgment, together with added costs of \$ _____ and legal interest at the rate of 10% are fully paid or until further order of the above entitled Court.

FOR FUNDS (other than wages) **GOODS/EFFECTS IN POSSESSION OF GARNISHEE**

It is **ORDERED, ADJUDGED AND DECREED** that Garnishee above named pay or deliver to Judgment Creditor(s) or Judgment Creditor(s)' attorney, whatever monies/goods/effects it has in its possession belonging to Judgment Debtor(s). _____
in a sum or value, however, not to exceed the amount of \$ _____, together with added costs of \$ _____ and legal interest at the rate of 10%, or until further order of the above-entitled Court.

FOR INSPECTION OF CONTENTS OF SAFE DEPOSIT BOX

It is **ORDERED, ADJUDGED AND DECREED** that Garnishee above named shall cooperate with ad assist Judgment Creditor(s) or Judgment Creditor(s)' attorney to inspect and inventory the contents of the safe deposit box. Judgment Creditor(s) has leave to request reimbursement of costs, including locksmith charges, incurred to obtain access to the contents of the safe deposit box.

Date:	Judge of the above-entitled Court
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 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.

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