

IN THE DISTRICT COURT OF THE FIFTH CIRCUIT
STATE OF HAWAI'I

Plaintiff(s)

Reserved for Court Use

Civil No.

Defendant(s)

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

JUDGMENT

JUDGMENT is entered in favor of

Plaintiff _____

Defendant _____, based on the following (check one):

Confession Trial Stipulation

Default: The Defendant failed to plead or otherwise defend and a default was entered upon proof that Defendant is indebted to Plaintiff.

Other (Specify): _____)

DISMISSED AS TO: (LIST DEFENDANTS):

Principal Amount	\$ _____
Interest	\$ _____
Attorney's Fees.	\$ _____
Filing Fees	\$ _____
Service Fees	\$ _____
Mileage for Service	\$ _____
Other Costs.	\$ _____
 Total Judgment Amount	 \$ _____

Clerk Judge

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 accordance with the **Americans with Disabilities Act**, and other applicable State and Federal laws, if you require an accommodation for a disability when working with a court program, service, or activity 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 before your proceeding, hearing, or appointment date.