

MOTION FOR DISMISS; DECLARATION; NOTICE OF MOTION; CERTIFICATE OF SERVICE

IN THE DISTRICT COURT OF THE FIFTH CIRCUIT STATE OF HAWAI‘I	
Plaintiff(s)	Reserved for Court Use
	Civil No.
Defendants(s)	Filing Party(ies)/Filing Party(ies)' Attorney (Name, Attorney Number, Firm Name (if applicable), Address, Telephone and Facsimile Numbers)
	Court Date:
MOTION TO DISMISS	
Filing Party(ies) request that this Motion be set for hearing on a date and time certain. This Motion is based on the District Court Rules of Civil Procedure, Rule _____ and the Declaration below.	
DECLARATION	
I have read this Motion, known the contents and verify that the statements are true to my personal knowledge and belief. I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF HAWAI‘I THAT THE FOLLOWING IS TRUE AND CORRECT:	
1. I am the <input type="checkbox"/> Movant or <input type="checkbox"/> associated with Movant as _____	
2. The following are facts why the Motion should be granted (attach continuation page, if necessary):	
Date:	Signature of Declarant:
	Print/Type Name:

NOTICE OF MOTION

TO: _____
Please take notice that this Motion will be heard by the District Judge of the Court, in his/her Courtroom, at the address below:
on _____ . 20_____ at _____ M., or as soon thereafter as parties may be heard.

COURT ADDRESS

Kaua'i Judiciary Complex
Courtroom #2
3970 Kā'ana Street
Līhu'e, Hawai'i

Mailing address for the above Court: 3970 Kā'ana Street, DC Civil Division, Suite 207, Līhu'e,, Hawai'i 96766

CERTIFICATE OF SERVICE

I certify that a copy of this Motion was served at the last known address (es) of the Opposing Party(ies) or Opposing Party(ies)' attorney on _____ by Hand delivery or Mail, Postage Prepaid, at the following address(es)

Date:	Signature of Filing Party(ies)/Filing Party(ies)' Attorney
	Print/Type Name

RESPONSE TO MOTION/CERTIFICATE OF SERVICE

- I DO NOT OBJECT to this Motion.
- I DISAGREE with this Motion for the following reasons:
(Attach continuation page, if necessary)

Reserved for Court Use

I have read this Response, know the contents and verify that the statements are true to my personal knowledge and belief. **I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF HAWAI'I THAT THE ABOVE IS TRUE AND CORRECT.**

CERTIFICATE OF SERVICE

I certify that a copy of this Motion was served at the last known address (es) of the Opposing Party(ies) or Opposing Party(ies)' attorney on _____ by Hand delivery or Mail, Postage Prepaid, at the following address(es)

Date:	Signature of Responding Party(ies)/Responding Party(ies)' Attorney
	Print/Type Name



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.