Form #5DC38

☐ Plaintiff(s)' ☐ Defendant(s)' Motion ☐ To ☐ For _____; 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.
Defendant(s)	Filing Party(ies)/Filing Party(ies)' Attorney (Name, Attorney Number, Firm Name (if applicable), Address, Telephone and Facsimile Numbers)

☐ PLAINTIFF(S)' ☐ DEFENDANT(S)' MOTION

☐ TO ☐ FOR _____

Filing Party(ies) requests that this Motion be set for hearing on a date and time certain. This Motion is based on the Declaration below and is made pursuant to:

☐ Rules of the District Court of the State of Hawai'i, Rule _____

☐ District Court Rules of Civil Procedure, Rule _____

☐ Rules of the Small Claims Division of the District Courts, Rule _____; or

☐ Hawai'i Revised Statues § _____

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 ☐ Movant or ☐ 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 HEARING

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 Response 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.

Clear form