

PLAINTIFF(S)' **DEFENDANT(S)'**
NON-HEARING 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)
Trial Date	

PLAINTIFF(S)' **DEFENDANT(S)'** **NON-HEARING MOTION**

TO **FOR** _____

Filing Party(ies) requests that this Motion be granted for the reasons stated in 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 _____;
- 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 MOTION

TO: _____;

NOTICE IS GIVEN that the undersigned has filed this Motion. Any response to this Motion must be in writing on the reverse side and filed with the Court no later than 10 days from the date shown on the Certificate of Service on the reverse side when the Motion is hand-delivered or 12 days when the Motion is mailed. Your written response can be delivered or mailed to the Court at 3970 Kā'ana Street, DC Civil Division, Suite 207, Līhu'e, Hawai'i 96766. **IF NO RESPONSE IS RECEIVED BY THE COURT BY THE DATES SPECIFIED IN THIS NOTICE, THIS MOTION MAY BE GRANTED.**

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
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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)

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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 HAWAII 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:
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Reserved for Court Use

COURT ORDER

- This Motion is granted.
- This Motion is denied.
- This Motion is partially granted.

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.