☐ SUBPOENA OR ☐ SUBPOENA DUCES TECUM; EXHIBIT A

Form #5DC49

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)
Name and Address of Witness:	Date & Time: Location To Appear:

☐ **SUBPOENA OR** ☐ **SUBPOENA DUCES TECUM**

THE STATE OF HAWAI'I TO ANY OFFICER AUTHORIZED BY LAW TO SERVE SUBPOENAS IN THE STATE OF HAWAI'I YOU ARE COMMANDED to subpoena the individual named above.

This subpoena/subpoena duces tecum shall not be personally delivered between 10:00 p.m. and 6:00 a.m. on premises not open to the public, unless a judge of the above-entitled Court permits, in writing on this subpoena/subpoena duces tecum, personal delivery during those hours.

TO THE WITNESS

YOU ARE COMMANDED to appear at the time and place indicated to testify as a witness on behalf of the

☐ PLAINTIFF(S) ☐ DEFENDANT(S)

who shall be responsible to provide you with a fee for attendance and mileage allowed by law.

☐ You are further ordered to bring with you the items listed in Exhibit A.

☐ You are required to designate a representative of your organization to testify for the organization on the following matters:

DISOBEDIENCE OF THIS SUBPOENA MAY BE PUNISHED AS CONTEMPT BY THIS COURT.

Date:	Clerk of the above-entitled Court

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 issued from this office.

Clerk, District Court of the Above Circuit, State of Hawai'i

Clear form