Writ of Possession

Form #5DC54

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)
Effective Date for Writ of Possession: Premises Address:	Court Date:

WRIT OF POSSESSION

THE STATE OF HAWAI'I:

TO: The Director of Public Safety of the State of Hawai'i, his/her deputy or any police officer or other person authorized by the laws of the State of Hawai'i.

Plaintiff appeared on the Court Date above before the Presiding Judge of the above-entitled Court and obtained a Judgment in Summary Possession under the provision of Hawai'i Revised Statutes §666-11, against Defendant(s) for the possession of the premises located at the address specified above.

NOW YOU ARE COMMANDED TO REMOVE Defendant(s) and all persons holding under or through him/her/them from the premises above-mentioned, including his/her/their personal belongings and properties, and to put Plaintiff(s) in full possession thereof, and make due return of the writ within 180 days from the date of this Writ unless extended by order of the Court.

Date:	Judge of the above-entitled Court

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

Clear form

I am duly authorized by Hawai‘i law to serve this Writ and I executed this Writ on the following person(s):

_____

_____

at _____

_____

_____

_____

_____

on this _____ day of _____, 20 _____.

Date:	Signature of Serving Officer: 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.