

IN THE DISTRICT COURT OF THE SECOND CIRCUIT
 _____ **DIVISION**
STATE OF HAWAII

Plaintiff(s)

Reserved for Court Use

Civil No.

Defendant(s)

Filing Party/Attorney Name, Attorney Number (if applicable),
 Address, Telephone and Fax Numbers

STIPULATION FOR CONTINUANCE

All appearing parties enter a **STIPULATION FOR CONTINUANCE** in this case for the following reason(s) (Attach additional pages, if necessary):

Prior Court Date: _____ Time: _____
 Stipulated New Court Date: _____ Time: _____
 Select One: Return Pre-Trial Trial Other (Specify): _____
(All appearing parties must sign below.)

Date:

Signature of Plaintiff/Attorney:
 Print/Type Name:

Date:

Signature of Defendant/Attorney:
 Print/Type Name:

Date:

APPROVED **DENIED**
 Judge:

In accordance with the **Americans with Disabilities Act**, and other applicable State and Federal laws, if you require an accommodation for your disability when working with a court program, service, or activity please contact the District Court Administration Office at PHONE NO. 244-2800, FAX 244-2849, or email adarequest@courts.hawaii.gov at least (10) working days before your preceeding, hearing, or appointment date. For Civil related matters, please call 244-2706 or visit the Service Center at 2145 Main Street, Room 141A, Wailuku, Hawai'i 96793.