| NOTICE OF DISMISSAL | | |
|---|---|---|
| IN THE DISTRICT COURT OF THE SECOND 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) |
| | | |
| Court Date & Time: | | |
| Return | iti /Oth | |
| None Dispos | sition/Other | |
| | NOTICE OF | DISMISSAL |
| Plaintiff(s) enters a DISMISSAL in the above entitled case (select one) WITH WITHOUT prejudice pursuant to District Court Rules of Civil Procedure, Rule 41(a)(1)(i). This Notice of Dismissal is being filed prior to the Return Hearing and Defendant(s) has not served an Answer or Motion for Summary Judgment on Plaintiff(s). | | |
| (select one) | | |
| Partial Dismissal as to Defendant(s) | | |
| (Certificate of Service required on other Defendant(s)) | | |
| By signing this document, I/we acknowledge that there are no remaining claims or parties. | | |
| | Signature of Plaintiff(s)/Plaintiff(s)' Attorney: | |
| | | |
| Date: | Print/Type Name: | |
| In accordance with the Americans with Disabilities Act, and other applicable State and Federal laws, if you require an accommodation for your disability | | |
| | t least (10) working days before you | strict Court Administration Office at PHONE NO. 244-2800, FAX 244-2849, r preceeding, hearing, or appointment date. For Civil related matters, please iluku, Hawai'i 96793. |