

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

Next Court Date and Time (if any): _____

None
 Return
 Pre-Trial
 Trial
 Answer
 Disposition/Other (Specify): _____

STIPULATION FOR DISMISSAL

Plaintiff and Defendant agree to the Entry of Dismissal in this case (select one) **WITH** or **WITHOUT** prejudice pursuant to District Court Rules of Civil Procedure, Rule 41(a)(1)(ii). This Stipulation for Dismissal is signed by all parties who have appeared in this action.

(Select one)

Partial Dismissal as to Defendant _____

 (Certificate of Service required as to other Defendants).

OR

DISMISSAL OF ALL CLAIMS.

Date:	Signature of Plaintiff/Attorney:
Date:	Print/Type Name:
Date:	Signature of Defendant/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 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.