

STATE OF HAWAII DISTRICT COURT OF THE SECOND CIRCUIT _____ DIVISION	EXHIBIT LIST DO NOT FILE WITH COURT	CIVIL NUMBER
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Plaintiff(s)	Plaintiff(s)/Plaintiff(s)' Attorney (Name, Attorney Number, Firm Name (if applicable), Address, Telephone and Facsimile Numbers)
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Defendant(s)	Defendant(s)/Defendant(s)' Attorney (Name, Attorney Number, Firm Name (if applicable), Address, Telephone and Facsimile Numbers)
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Date of Trial or Hearing: _____

*DESIGNATION OF IDENTIFICATION CODES __ PLAINTIFF __ DEFENDANT	OFFERED FOR IDENTIFICATION	RECEIVED IN EVIDENCE	WITHDRAWN	DESCRIPTION OF EXHIBIT	DATE R = RETURNED D = DESTROYED OTHER COMMENTS

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. 244-2800, FAX 244-2849, or email adarequest@courts.hawaii.gov at least ten (10) working days in advance of your hearing or appointment date. For all Civil related matters, please call 244-2706 or visit the Service Center at 2145 Main Street, Room 141, Wailuku, HI 96793.

EXHIBIT1.X Reprographics(07/10) 2D-P-237	PAGE _____ OF _____ PAGE(S)
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* Plaintiff(s) to label exhibits in numerical order Example: Plaintiff(s) — 1, 2, 3, etc.
 Defendant(s) to label exhibits in alphabetical order Example: Defendant(s) — A, B, C, etc.
 A completed list and all exhibit(s) shall be presented to the Court at the time of trial or hearing.