

**JUDGMENT DEBTOR(S)'S MOTION FOR RETURN/RELEASE
OF WAGES FROM GARNISHMENT; NOTICE OF HEARING;
CERTIFICATE OF SERVICE; GARNISHMENT
CALCULATION WORKSHEET; EXHIBIT "A"**

IN THE DISTRICT COURT OF THE SECOND CIRCUIT _____ DIVISION 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)

JUDGMENT DEBTOR(S)'S MOTION

FOR RETURN/RELEASE OF WAGES EXEMPT FROM GARNISHMENT

Filing Party(ies) moves this Court for an Order returning or releasing to the filing party all or a portion of wages which have been garnished because:

1. ☐ The amount garnished or withheld was excessive as the ☐ Federal Law ☐ State Law was more favorable to the filing party.
2. ☐ The Garnishee should have deducted \$ _____, rather than \$ _____ according to the Garnishment Calculation Worksheet, Form# DC27C, and a copy of applicable pay stub attached as Exhibit "A".
3. ☐ Other (specify) _____

Date:	Signature of Judgment Debtor(s)'/Declarant: Print/Type Name:
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NOTICE OF HEARING

TO: _____

Please take notice that this Motion will be heard before the Presiding Judge of this Court in his/her Courtroom, at the address on the next page on _____. 20 ____, at _____ a.m. or as soon thereafter as parties may be heard.

COURT ADDRESS(ES):

<input type="checkbox"/> Wailuku Division (Regular Claims)	2145 Main Street, Courtroom 3C, Third Floor, Wailuku, HI 96793
<input type="checkbox"/> Wailuku Division (Small Claims)	2145 Main Street, Courtroom 3D, Third Floor, Wailuku, HI 96793
<input type="checkbox"/> Lahaina Division	1870 Honoapi'ilani Highway, Lahaina, HI 96761
<input type="checkbox"/> Hana Division	4974 Uakea Road, Hana, HI 96713
<input type="checkbox"/> Moloka'i Division	55 Makaena Place, Kaunakakai, Moloka'i, HI 96748
<input type="checkbox"/> Lana'i Division	312 8th Street, Lana'i City, Lana'i, HI 96793

Mailing address for the above Courts: 2145 Main Street, Rm. 106, Wailuku, HI 96793

CERTIFICATE OF SERVICE

I certify that a copy of this Motion was served at the last known address(es) of the Opposing Party(ies) or Opposing Party(ies)' attorney on (date) _____ by ☐ Hand-delivery or ☐ Mail, at the following address(ies):

Judgment Creditor:

Employer/Garnishee

Date:

Signature of Filing Party(ies)/Filing Party(ies)' Attorney:

Print/Type Name:

RESPONSE TO MOTION/CERTIFICATE OF SERVICE

☐ I DO NOT OBJECT to this Motion.

☐ I DISAGREE with this Motion for the following reasons:
(Attache continuation page, if necessary).

I have read this Response, know the contents and verify that the statements are true to my personal knowledge and belief. **I DECLARE UNDER PENALTY OF PERJURY THAT THE FOLLOWING IS TRUE AND CORRECT.**

CERTIFICATE OF SERVICE

I certify that a copy of this Motion was served at the last known address(es) of the Opposing Party(ies) or Opposing Party(ies)' attorney on (date) _____ by ☐ Hand-delivery or ☐ Mail at the following address(ies):

Judgment Creditor:

Employer/Garnishee

Date:

Signature of Respondent Party(ies)/Responding Party(ies)/ Attorney:

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 TTY 244-2889 at least (10) working days before your hearing or appointment date. **For Civil matters, please call 244-2706.**