

**MOTION TO DISMISS; DECLARATION;
NOTICE OF MOTION; CERTIFICATE OF SERVICE**

**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

MOTION TO DISMISS

Filing party requests that this Motion be set for hearing. This Motion is based on the District Court Rules of Civil Procedure,
Rule _____, and the Declaration below.

DECLARATION

1. I am ☐ the Movant or ☐ associated with the Movant as _____;

2. The following are facts why the Motion should be granted (Attach additional page(s), if necessary):

I DECLARE UNDER PENALTY OF LAW THAT WHAT I HAVE STATED IS TRUE AND CORRECT.

Signature of Declarant:

Date:

Print/Type Name:

SEE PAGE 2 FOR NOTICE AND TO RESPOND TO MOTION

NOTICE OF MOTION

TO _____:

Please take notice that this Motion will be heard by the District Judge of this Court, in his/her Courtroom, at the address below on (Day): _____, (Date): _____ at (Time): _____, _____.m. or as soon thereafter as parties may be heard.

COURT ADDRESSES

- ☐ Wailuku Division (Regular Claims)
- ☐ Wailuku Division (Small Claims)
- ☐ Lahaina Division
- ☐ Hana Division
- ☐ Molokai Division
- ☐ Lanai Division

2145 Main Street, Courtroom 3C, Third Floor, Wailuku, HI 96793
2145 Main Street, Courtroom 3D, Third Floor, Wailuku, HI 96793
1870 Honoapiilani Highway, Lahaina, HI 96761
4974 Uakea Road, Hana, HI 96713
55 Makaena Place, Kaunakakai, Moloka'i, HI 96748
312 8th Street, Lana'i City, Lana'i, HI 96763

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

CERTIFICATE OF SERVICE

I certify that on (date): _____ I served a copy of this Motion on all parties or their attorneys by
☐ Hand-delivery or ☐ Mail, addressed as follows:

Date:	Signature of Filing Party/Attorney: Print/Type Name:
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RESPONSE TO THE MOTION/CERTIFICATE OF SERVICE

- ☐ **I DO NOT OBJECT** to this Motion.
- ☐ **I DISAGREE** with this Motion for the following reasons (Attach additional page(s), if necessary):

Reserved for Court Use

I DECLARE UNDER PENALTY OF LAW THAT WHAT I HAVE STATED IS TRUE AND CORRECT.

CERTIFICATE OF SERVICE

I certify that on (date): _____ I served a copy of this Response To The Motion on all parties or their attorneys by ☐ Hand-delivery or ☐ Mail, addressed as follows:

Date:	Signature of Responding Party/Attorney: Print/Type Name:
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In accordance with state and federal disability laws, if you require an accommodation for a 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 ten (10) working days before your proceeding, hearing or appointment date.

For all Civil related matters, please call 244-2706 or visit the Service Center at 2145 Main Street, Rm. 141A, Wailuku, HI 96793.