

MOTION FOR DISCOVERY; DECLARATION;  
NOTICE OF MOTION; CERTIFICATE OF SERVICE

IN THE DISTRICT COURT OF THE SECOND CIRCUIT DIVISION STATE OF HAWAI'I	
Plaintiff(s)	Civil No.
	Filing Party(ies)/Filing Party(ies)' Attorney (Name, Attorney Number, Firm Name (if applicable), Address, Telephone and Facsimile Numbers)
Defendant(s)	
Trial Date:	Time:
<p>MOTION FOR DISCOVERY</p> <p>Filing Party(ies) requests that this Motion be set for hearing on a date and time certain. This Motion is based on the Declaration below and is made pursuant to:</p> <p><input type="checkbox"/> For Deposition (District Court Rules of Civil Procedure, Rules 30 and 31); or</p> <p><input type="checkbox"/> For Documents And/Or Entry Upon Land For Inspection (District Court Rules of Civil Procedure, Rule 34); or</p> <p><input type="checkbox"/> For Mental &amp; Physical Examination (District Court Rules of Civil Procedure, Rule 35); or</p> <p><input type="checkbox"/> To Compel Discovery (District Court Rules of Civil Procedure, Rule 37).</p>	
<p>DECLARATION</p> <p>I have read this Motion, know the contents and verify that the statements are true to my personal knowledge and belief. <b>I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF HAWAI'I THAT THE FOLLOWING IS TRUE AND CORRECT:</b></p> <p>1. I am the <input type="checkbox"/> Movant or <input type="checkbox"/> associated with Movant as _____;</p> <p>2. The following are facts why Motion should be granted (attach continuation page, if necessary);</p>	
Date:	Signature of Declarant: Print/Type Name:

### 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 checked below on \_\_\_\_\_, \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_ M., or as soon thereafter as parties may be heard.

#### COURT ADDRESSES

- |  |  |
|--|--|
| <input type="checkbox"/> Wailuku Division (Regular Claims) | 2145 Main Street, Courtroom 3C, Third Floor, Wailuku, Hawai'i, 96793 |
| <input type="checkbox"/> Wailuku Division (Small Claims)   | 2145 Main Street, Courtroom 3D, Third Floor, Wailuku, Hawai'i, 96793 |
| <input type="checkbox"/> Lahaina Division                  | 1870 Honoapiilani Highway, Lahaina, Hawai'i, 96761                   |
| <input type="checkbox"/> Hana Division                     | 4974 Uakea Road, Hana, Hawai'i, 96713                                |
| <input type="checkbox"/> Moloka'i Division                 | 55 Makaena Place, Kaunakakai, Molokai, Hawai'i, 96748                |
| <input type="checkbox"/> Lana'i Division                   | 312 8th Street, Lanai City, Lanai, Hawai'i, 96763                    |

Mailing address for the above Courts: 2145 Main Street, Room 106, Wailuku, Hawai'i 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 \_\_\_\_\_ by ☐ Hand-delivery or ☐ Mail, Postage Prepaid, at the following address(es):

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:  
(Attach continuation page, if necessary).

Reserved for Court Use

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 UNDER THE LAWS OF THE STATE OF HAWAII THAT THE ABOVE IS TRUE AND CORRECT.**

#### CERTIFICATE OF SERVICE

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

Date:	Signature of Responding Party(ies)/Responding Party(ies)' Attorney:
	Print/Type Name:

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 TTY 244-2889 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.