

RETURN OF SERVICE; ACKNOWLEDGMENT OF SERVICE

Form #2DC47

IN THE DISTRICT COURT OF THE SECOND CIRCUIT _____ DISTRICT STATE OF HAWAI‘I	
Plaintiff(s)	Reserved for Court Use Court Date: Civil No.
Defendant(s)	Requestor(s)/Requestor(s)' Attorney (Name, Attorney Number, Firm Name (if applicable), Address, Telephone and Facsimile Number(s))
DOCUMENT(S) SERVED: _____ _____	
NAME OF PARTY SERVED:	ADDRESS WHERE SERVED:
DATE SERVED:	MILEAGE \$
TIME OF SERVICE	NUMBER OF MILES TRAVELED:
<input type="checkbox"/> FULL OR <input type="checkbox"/> PARTIAL RETURN OF SERVICE	
I have read this Return of Service, 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 HAWAI‘I THAT THE FOLLOWING IS TRUE AND CORRECT:	
1. <input type="checkbox"/> Deputy Sheriff or <input type="checkbox"/> Police Officer of the State of Hawai‘i or <input type="checkbox"/> person who is not a party and is not less than 18 years of age, do certify that I received a certified copy of the documents listed above and that I served same on the Party Served above on the Date and Time of Service and at the Address listed above within the State of Hawai‘i as listed on the reverse.	
Signature: Print/Type Name	Print/Type Address, Telephone and Facsimile Numbers I certify that this is a full, true and correct copy of the original on file in this office. _____ Clerk, District Court of the Above Circuit, State of Hawai‘i

FULL OR PARTIAL RETURN OF SERVICE (continued)

PERSONAL: By delivering to and leaving with _____, personally.

SUBSTITUTE: [District Court Rules of Civil Procedure 4(d)(1)(i)]. After due and diligent search and inquiry, I served the named party through _____, a person of suitable age and discretion then residing at said party's usual place of abode, since the party could not be found.

SUBSTITUTE: [District Court Rules of Civil Procedure 4(d)(1)(ii)]. I served the named party through _____, _____ authorized agent to receive service of process for said party.

BUSINESS/CORPORATION/GOVERNMENTAL ENTITY: I served (name of business/corporation/entity) _____ through _____, who is the (position/title) and who is the authorized agent to accept service for said Business/Corporation/Governmental Entity.

GARNISHMENT: I served (Name of Garnishee) _____ through _____, who is the (person/title) and who is authorized to accept service for the above-named garnishee.

NOT FOUND: After due and diligent search and inquiry, I am unable to find the party named above.

Special Circumstance:

ACKNOWLEDGMENT OF SERVICE

Signature of Person served:

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 (10) working days in advance of your hearing or appointment date. For all civil matters, please call 244-2706 or visit the Service Center at 2145 Main Street, Room 141 Wailuku, HI 96793.

RETURN OF SERVICE MUST BE FILED NO LATER THAN 24 HOURS (EXCLUDING SATURDAY, SUNDAY AND LEGAL HOLIDAYS) PRIOR TO THE RETURN DATE AT 2145 MAIN STREET, ROOM 106, WAILUKU, HAWAI'I 96793.