

STIPULATION FOR DISMISSAL

**IN THE DISTRICT COURT OF THE FIRST CIRCUIT
DIVISION
STATE OF HAWAI'I**

Plaintiff(s)

Reserved for Court Use

Civil No.

Defendant(s)

Filing Party/Attorney Name, Attorney Number (if applicable),
Address, Telephone and Fax Numbers

Next Court Date and Time (if any): _____

None Return Pre-Trial Trial Answer Disposition/Other (Specify): _____

STIPULATION FOR DISMISSAL

Plaintiff and Defendant agree to the Entry of Dismissal in this case (select one) **WITH** or **WITHOUT** prejudice pursuant to District Court Rules of Civil Procedure, Rule 41(a)(1)(ii). This Stipulation for Dismissal is signed by all parties who have appeared in this action.

(Select one)

Partial Dismissal as to Defendant _____

(Certificate of Service required as to other Defendants).

OR

DISMISSAL OF ALL CLAIMS.

Date:

Signature of Plaintiff/Attorney:

Print/Type Name:

Date:

Signature of Defendant/Attorney:

Print/Type Name:

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. 538-5121, FAX 538-5233, or TTY 539-4853 at least ten (10) working days before your proceeding, hearing, or appointment date.

For all Civil related matters, please call 538-5151 or visit the District Court Service Center at 1111 Alakea Street, Third (3rd) Floor.