

☐ PLAINTIFF(S)' ☐ DEFENDANT(S)' MOTION

☐ TO ☐ FOR \_\_\_\_\_;

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

Form # 1DC38

**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(ies)/Filing Party(ies)' Attorney (Name, Attorney Number, Firm Name (if applicable), Address, Telephone and Facsimile Numbers)

☐ PLAINTIFF(S)' ☐ DEFENDANT(S)' MOTION

☐ TO ☐ FOR \_\_\_\_\_

Filing Party(ies) request 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:

- ☐ Rules of the District Courts of the State of Hawai'i, Rule \_\_\_\_\_;
- ☐ District Court Rules of Civil Procedure, Rule \_\_\_\_\_;
- ☐ Rules of the Small Claims Division of the District Courts, Rule \_\_\_\_\_;
- ☐ Hawai'i Revised Statutes § \_\_\_\_\_.

**DECLARATION**

I have read this Motion, 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. I am the ☐ Movant or ☐ associated with Movant as \_\_\_\_\_;
2. The following are facts why the Motion should be granted (attach continuation page, if necessary):

Date:

Signature of Declarant:

Print/Type Name:

**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 checked on the reverse side on \_\_\_\_\_, \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_ a.m. or as soon thereafter as parties may be heard.

**(continued on revers side)**

**SEE AND USE REVERSE SIDE TO RESPOND TO MOTION**

**COURT ADDRESSES**

- ☐ Honolulu Division  
☐ 'Ewa Division  
☐ Ko'olaupoko OR Ko'olaupoko Division  
☐ Wahiawā OR Waialua Division  
☐ Wai'anae Division

1111 Alakea Street, 10<sup>th</sup> Floor, Honolulu, Hawai'i  
870 Fourth Street, Pearl City, Hawai'i  
45-939 Po'okela Street, Kāne'ohe, Hawai'i  
1034 Kilani Avenue, Wahiawā, Hawai'i  
4675 Kapolei Parkway, Kapolei, Hawai'i

**Mailing address** for the above Courts: **1111 Alakea Street, Civil Division, Third Floor, Honolulu, Hawai'i 96813**

**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:

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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 FOLLOWING 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 and other applicable state and federal 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 (3<sup>rd</sup>) Floor.**