

**SEE AND USE REVERSE SIDE 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 checked below on \_\_\_\_\_, \_\_\_\_\_ 20\_\_\_\_ at \_\_\_\_\_ M., or as soon thereafter as parties may be heard.

### COURT ADDRESSES

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

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:  
(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 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.**