SEE PAGE 2

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

Date:

file with the Court proof of execution of the writ.

Judge

	EXECUTION OF WRIT
I am author	rized by Hawai'i law to serve this Writ and I executed this Writ on the following person:
at	
on	
	Signature of Serving Officer:
Date:	Print/Type Name:
E	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 Civil related matters, please call 538-5629 or visit the District Court Service Center at 1111 Alakea Street, Third (3rd) Floor.