

RE:           **Proposed Amendments to District Court Rules of Civil Procedure  
Form Nos. DC09, DC11, DC13, DC17, DC18, and DC33**

DISTRICT COURT CIVIL FORMS

The Supreme Court of Hawai'i seeks public comment regarding proposals to amend district court civil forms to:

- require plaintiffs to make a statement about defendant's military service;
- be more specific about hearing requests;
- get financial information when parties seek fee waivers;
- remove unneeded questions; and
- replace an affidavit requirement.

The proposed amendments and the cover memo submitted by Judge Hilary Benson Gangnes, Chair of the District Court Civil Division Rules and Forms Committee, are attached hereto.

Comments about the proposed form should be submitted, in writing, **no later than Wednesday, July 6, 2011**, to the Judiciary Communications and Community Relations Office by mail to 417 South King Street, Honolulu, HI 96813, by facsimile to 539-4801, or via the Judiciary's website at [www.courts.state.hi.us](http://www.courts.state.hi.us).

Attachment

MEMORANDUM

To: Honorable Mark Recktenwald  
Chief Justice

From: Hilary Benson Gangnes  
Chair, District Court Civil Division Rules and Forms Committee

Date: March 14, 2011

Re: **Request to Approve Recommended Revisions to District Court Civil Forms #DC09, #DC11, #DC13, #DC17, #DC18, and #DC33;**

On behalf of the District Court Civil Rules and Forms Committee, I am requesting that District Court Forms #DC09, #DC11, #DC13, #DC17, #DC18 and #DC33 be amended. The committee recommends these forms to be amended to ease the process of filing documents in District Court.

**FORM #DC09 – Complaint (Personal Injury/Property Damages)**

**Recommendation:** Adding: A question to the complaint to require the plaintiff to make a statement regarding the defendant’s military status, if any. This would fulfill the requirements of the Service Members Civil Relief Act. Edit: Making minor corrections to the filing party section and removing all Honolulu-specific language.

**FORM #DC11 – Non-Hearing Motion for Continuance**

**Recommendation:** Adding: Providing more selections as to the type of hearing to be continued and making language changes to the certificate of service to be less confusing to self-represented parties. Edit: Making minor corrections to the filing party section and removing all Honolulu-specific language.

**FORM #DC13 – Request for Relief from Court Filing Fees:**

**Recommendation:** Replacing: Questions 2-5 with more pertinent questions about plaintiff’s finances. Adding: Questions 6-8 with regard to plaintiff’s finances. Edit: Making minor changes to the filing party section.

The Committee agreed that to determine if relief from filing fees is warranted, more pertinent questions regarding plaintiff’s finances are necessary for the Judge.

**FORM #DC17 – Ex Parte Motion for Default Judgment:**

**Recommendation:** Removed: Question #5 in the Declaration as it was not necessary and re-numbered question #6 to #5 and simplified the question. Edit: Making minor changes to the filing party section and the certificate of service sections.

**FORM #DC18 – Non-Hearing Motion for Default Judgment:**

**Recommendation:** Removed: Question #5 in the Declaration as it was not necessary and re-numbered question #6 to #5 and simplified the question. Edit: Making minor changes to the filing party section and the certificate of service sections.

**FORM #DC33 – Affidavit on Garnishee Transfer:**

**Recommendation:** Delete: The “Affidavit” section and replace with a “Declaration.” Edit: Making minor changes to the filing party section.

The Committee would like to request that District Court Form #DC33 be amended to remove the “Affidavit” section of the form on page 2 and replace with a “Declaration.” The filing party would no longer be required to have the form notarized. The Committee feels the notary requirement places undue burden on self-represented plaintiffs.

Samples of the original forms and the proposed revised forms are attached.

**COMPLAINT (PERSONAL INJURY/  
PROPERTY DAMAGES); SUMMONS**

Form#1DC09

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

Plaintiff(s)

Reserved for Court Use

Civil No.

Defendant(s)

Plaintiff(s)/Plaintiff(s)' Attorney (Name, Attorney Number, Firm Name (if applicable), Address, Telephone and Facsimile Numbers

Date of Injury/Damage:

**COMPLAINT**

1. This Court has jurisdiction over this matter and venue is proper.
2. On or about the date of injury/damage stated above, Defendant(s) intentionally and/or negligently injured Plaintiff(s) and/or damaged Plaintiff(s)' property by: (state location of incident and briefly explain what happened)
3. As a result of the incident, Defendant(s) caused the following damages:  
 Physical Injury (Do not state the dollar amount, but give a brief description of the damage ):  
  
 Property Damage in the amount of \$ \_\_\_\_\_ (Explain the type of damage):
4. Defendant(s) has refused to pay for Plaintiff(s)' damages.
5. Plaintiff(s) asks for judgment against Defendant(s) for the damages proved. In addition, the Court may award court costs, interest and reasonable attorney's fees.

Date:

Signature of Plaintiff(s)/Plaintiff(s)' Attorney:

Print/Type Name:

In accordance with **Americans with Disabilities Act** if you require an accommodation for a disability, 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 in advance of your hearing or appointment date. For Civil related matters, please call 538-5151.

COMPP1.X (Amended 4/18/97)v

I certify that this is a full, true, and correct copy of the original on filed in this office.

\_\_\_\_\_  
Clerk, District Court of the above Circuit, State of Hawai'i

**COMPLAINT (PERSONAL INJURY/ PROPERTY DAMAGE);  
SUMMONS**

Form#\_DC09

IN THE DISTRICT COURT OF THE \_\_\_\_\_ CIRCUIT  
\_\_\_\_\_ DIVISION  
STATE OF HAWAII

Plaintiff

Reserved for Court Use

Civil No.

Defendant

Filing Party/Attorney Name, Attorney Number, Firm Name (if applicable), Address, Telephone and Fax Number or Email

*DRAFT*

Date of Injury/Damage:

**COMPLAINT**

1. This Court has jurisdiction over this matter and venue is proper.
2. On or about the date of injury/damage stated above, defendant intentionally and/or negligently injured Plaintiff and/or damaged Plaintiff's property as follows: (state location of incident and briefly explain what happened)
3. As a result of the incident, Defendant caused the following damages:  
Physical Injury (Do not state the dollar amount, but give a brief description of the injury ):  
  
Property Damage in the amount of \$ \_\_\_\_\_ (Describe the type of damage):
4. Defendant has refused to pay for Plaintiff's damages.
5. The Servicemembers Civil Relief Act, 50 U.S.C. App. § 501 may apply to a defendant who is classified active duty as defined in the Act. Please check all that apply.  
To the best of my knowledge, the Defendant is not an active duty member of the US Military.  
The following Defendant is an active duty member of the US Military. Name: \_\_\_\_\_  
I am unable to determine whether the Defendant is an active duty member of the US Military. Please attach a separate sheet indicating what attempt was made to determine Defendant's military status.
6. Plaintiff asks for judgment against defendant for the damages proved. In addition, the court may award court costs, interest and reasonable attorney's fees as allowed by statute.

Date:

Signature of Filing Party/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. \_\_\_\_\_, FAX \_\_\_\_\_, or TTY \_\_\_\_\_ at least ten (10) working days before your proceeding, hearing, or appointment date.

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

**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)

**NON-HEARING MOTION FOR CONTINUANCE**

Hearing-Type of Motion: \_\_\_\_\_  
 Trial  Pre-Trial  Other-Specify: \_\_\_\_\_

The Filing Party(ies) requests that this Motion be granted for the reasons stated in the Declaration below.

**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:** that Filing Party(ies) wishes to continue this proceeding to the date and for the reason stated below. I have contacted the Opposing Party(ies) or their attorney(ies) and they will not agree to the continuance or I have tried several times to contact them by telephone and/or mail and they have not returned my calls or answered my letters. (Explain why you will not be available and want this continuance. Attach continuation page, if necessary).

Old Date/Time: \_\_\_\_\_ New Date/Time: \_\_\_\_\_ No. of Prior Continuances: \_\_\_\_\_  
Reason for continuance: \_\_\_\_\_

**NOTICE OF MOTION**

TO: \_\_\_\_\_ :

**NOTICE IS GIVEN** that the undersigned has filed this Motion. Any response to this Motion must be in writing on the reverse side and filed with the Court no later than 5 days from the date shown on the Certificate of Service when the Motion is hand-delivered or 7 days excluding Saturday, Sunday and legal holidays when the Motion is mailed. Your written response can be delivered or mailed to the Court at **1111 Alakea Street, Civil Division, Third Floor, Honolulu, Hawai'i 96813. IF NO RESPONSE IS RECEIVED BY THE COURT BY THE DATES SPECIFIED IN THIS NOTICE, THIS MOTION MAY BE GRANTED.**

Date: \_\_\_\_\_ Signature of Declarant/Filing party(ies)/Filing Party(ies)' Attorney:  
Print/Type Name: \_\_\_\_\_

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

I certify that this is a full, true, and correct copy of the original on filed in this office.

\_\_\_\_\_  
Clerk, District Court of the above Circuit, State of Hawai'i

**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):

<b>Date:</b>	<b>Signature of Filing Party(ies)/Filing Party(ies)' Attorney:</b>
	<b>Print/Type Name:</b>

**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 HAWAI'I 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):

<b>Date:</b>	<b>Signature of Responding Party(ies)/Responding Party(ies)' Attorney:</b>
	<b>Print/Type Name:</b>

**Reserved for Court Use**

**COURT ORDER**

- This Motion is granted and you must appear at the new date and time stated in the Declaration on the reverse side.
- This Motion is denied and you must appear at the old date and time stated in the Declaration on the reverse side.
- This Motion is partially granted and you must appear at \_\_\_\_\_ .m. on \_\_\_\_\_ for
  - TRIAL                                       PRE-TRIAL
  - HEARING ON MOTION                       OTHER- \_\_\_\_\_

<b>Date:</b>	<b>Judge of the above-entitled Court</b>
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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. 538-5121, FAX 538-5233, or TTY 539-4853 at least ten (10) working days in advance of your hearing or appointment date. For Civil related matters, please call 538-5151.

IN THE DISTRICT COURT OF THE \_\_\_\_ CIRCUIT  
\_\_\_\_\_  
DIVISION  
STATE OF HAWAI'I

Plaintiff

Reserved for Court Use

Civil No.

Defendant

Filing Party/Attorney Name, Attorney Number, Firm Name (if applicable), Address, Telephone and Fax Number or Email

*DRAFT*

**NON-HEARING MOTION FOR CONTINUANCE**

Answer  Returnable (Summary Possession cases)

Hearing-Type of Motion: \_\_\_\_\_

Trial  Pre-Trial  Other-Specify: \_\_\_\_\_

The Filing Party requests that this Motion be granted for the reasons stated in the Declaration below.

**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 THAT THE FOLLOWING IS TRUE AND CORRECT:** that Filing Party wishes to continue this proceeding to the date and for the reason stated below.  I have contacted the Opposing Party or their attorney and they will not agree to the continuance, or  I have tried several times to contact them by telephone and/or mail and they have not returned my calls or answered my letters. Explain why you will not be available and want this continuance: (Attach continuation page, if necessary).

Old Date/Time: \_\_\_\_\_

New Date/Time: \_\_\_\_\_

No. of Prior Continuances: \_\_\_\_\_

**NOTICE OF MOTION**

TO: \_\_\_\_\_:

**NOTICE IS GIVEN** that the undersigned has filed this Motion. Any response to this Motion must be in writing on the reverse side and filed with the Court no later than 5 days from the date shown on the Certificate of Service when the Motion is hand-delivered or 7 days excluding Saturday, Sunday, furlough and legal holidays when the Motion is mailed. Your written response can be delivered or mailed to the Court at ~~1111 Alakea Street, Civil Division, Third Floor, Honolulu, Hawai'i 96813.~~ **IF NO RESPONSE IS RECEIVED BY THE COURT BY THE DATES SPECIFIED IN THIS NOTICE, THIS MOTION MAY BE GRANTED.**

Signature of Declarant/Attorney:

Date:

Print/Type Name:

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

I certify that this is a full, true, and correct copy of the original on filed in this office.

\_\_\_\_\_  
Clerk, District Court of the above Circuit, State of Hawai'i

**CERTIFICATE OF SERVICE**

I certify that I served a copy of this Motion to the Opposing Party or Opposing Party's attorney on (date) \_\_\_\_\_ by  
 Hand-delivery or  Mail, addressed as follows:

Date:	Signature of Filing Party/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).

DRAFT

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 THAT WHAT I HAVE STATED IS TRUE AND CORRECT.**

**CERTIFICATE OF SERVICE**

I certify that I served a copy of this Response to the Filing Party or Filing Party's attorney on (date) \_\_\_\_\_ by  
 Hand-delivery or  Mail, addressed as follows:

Date:	Signature of Opposing Party/Attorney:
	Print/Type Name:

**Reserved for Court Use COURT ORDER**

- This Motion is granted and you must appear at the new date and time stated in the Declaration on the reverse side.
- This Motion is denied and you must appear at the old date and time stated in the Declaration on the reverse side.
- This Motion is partially granted and you must appear at \_\_\_\_\_ .m. on \_\_\_\_\_ for

- ANSWER
- RETURNABLE
- TRIAL
- HEARING ON MOTION
- PRE-TRIAL
- OTHER- \_\_\_\_\_

Date:	Judge
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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. \_\_\_\_\_, FAX \_\_\_\_\_, or TTY \_\_\_\_\_ at least ten (10) working days before your proceeding, hearing, or appointment date.

**EX PARTE APPLICATION FOR RELIEF FROM COSTS;  
DECLARATION; ORDER**

TWO-SIDED FORM

Form#1DC13

**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)

**EX PARTE APPLICATION FOR RELIEF FROM COSTS**

(From each Requesting Party)

Pursuant to Hawai'i Revised Statutes §607-3, the Filing Party in the above-entitled case applies for waiver to prepay fees, costs or give security because said Party is unable to pay the costs of this suit and provide for said Party's necessities in life.

1. Are you presently employed? Yes  No

a. If the answer is "yes",

- ▶ State the amount of your monthly salary/wages: \$ \_\_\_\_\_
- ▶ Name and address of your employer: \_\_\_\_\_

b. If the answer is "no",

- ▶ State the date of last employment: \_\_\_\_\_
- ▶ Name and address of your former employer: \_\_\_\_\_
- ▶ Amount of monthly salary and wages you received: \$ \_\_\_\_\_

2. Have you received within the past twelve months any money from any of the following sources?

a. Business, profession or from self-employment?

Yes  No

b. Rent payments, interest or dividends?

Yes  No

c. Pensions, annuities or life insurance payments?

Yes  No

d. Gifts of inheritances?

Yes  No

e. Any other family income?

Yes  No

f. Any other sources?

Yes  No

If the answer is "yes," describe each source of money and state the amount received from each during the past twelve months.

(continued on reverse side)

**EX PARTE APPLICATION FOR RELIEF FROM COSTS (continued)**

3. Do you have any cash or money in a checking or savings account? (Include any funds in prison accounts.)  
Yes  No

If the answer is "yes," state the total value of the items owned.

4. Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)?  
Yes  No

If the answer if "yes," describe the total value of the items owned.

5. List the persons who are dependent upon you for support. State your relationship to those persons and indicate how much you contribute toward their support.

The undersigned requests that this Application be granted for the reasons stated above.

Date:	Signature of Filing Party(ies)/Filing Party(ies) Attorney:  Print/Type Name:
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**DECLARATION**

I have read this Application, 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.**

Date:	Signature of Declarant:  Print/Type Name:
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**ORDER**

Good cause having been shown, IT IS ORDERED that the Party applying for relief from cost in this case shall be permitted to proceed in the above-entitled action in forma pauperis, all costs and fees being waived for the duration of this case (excluding Sheriff(s)' fees).

Date:	Judge of the above-entitled Court
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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. 538-5121, FAX 538-5233, or TTY 539-4853 at least ten (10) working days in advance of your hearing or appointment date. For Civil related matters, please call 538-5151.

**REQUEST FOR RELIEF FROM COURT COSTS;  
DECLARATION; ORDER**

Form#\_DC13

IN THE DISTRICT COURT OF THE \_\_\_\_\_ CIRCUIT  
\_\_\_\_\_ DIVISION  
STATE OF HAWAI'I

Plaintiff

Reserved for Court Use

Civil No.

Defendant

Filing Party/Attorney Name, Attorney Number, Firm Name (if applicable), Address, Telephone and Fax Number or Email

*DRAFT*

Check if you are an attorney representing the filing party *pro bono*

**REQUEST FOR RELIEF FROM COURT FILING FEES**

Pursuant to Hawai'i Revised Statutes §607-3, the filing party in this case asks the court to waive the prepayment of court filing fees as set forth in Hawai'i Revised Statutes §607-4(b) because he or she is unable to pay such costs and provide for his or her necessities in life.

Please answer the following questions:

1. Are you currently employed? Yes  No

a. If the answer is Yes,

- ▶ State the amount of your monthly salary/wages: \$ \_\_\_\_\_
- ▶ Name and address of your employer: \_\_\_\_\_  
\_\_\_\_\_

b. If the answer is No,

- ▶ State the date you were last employed: \_\_\_\_\_
- ▶ Name and address of your former employer: \_\_\_\_\_  
\_\_\_\_\_

2. Do you rent  or own  your home?

- ▶ State the amount of your monthly rent/mortgage payment: \$ \_\_\_\_\_
- ▶ If you rent, do you receive any rent assistance? (Section 8) Yes  No

3. Do you own any real estate other than your home?

- Yes  No   
If the answer is Yes, state the total value: \$ \_\_\_\_\_

4. Do you have any money in any bank account? (Include any funds in prison accounts.)

- Yes  No   
If the answer is Yes, state the total amount: \$ \_\_\_\_\_

(continued on page 2)

SEE PAGE 2

**REQUEST FOR RELIEF FROM COURT FILING FEES (continued)**

5. Do you own any motor vehicles?

Yes  No

6. Do you receive any of the following (check all that apply)?:

- Social Security payments (e.g. SSI or SSDI) or Retirement?
- Supplemental Nutrition Assistance Program (SNAP)
- Temporary Aid to Needy Families (TANF) [formerly AFDC]
- Food Stamps (GA)

7. List any persons who depend upon you for financial support. State your relationship to those persons and state how much you contribute to their support.

8. Do you have any other sources of income not listed above?

Yes  No

If the answer is Yes, describe what other income you receive.

*DRAFT*

**DECLARATION**

**I DECLARE UNDER PENALTY OF PERJURY THAT WHAT I HAVE STATED IS TRUE AND CORRECT.**

Signature of Filing Party/Attorney:

Date:

Print/Type Name:

(Reserved For Court Use)

**ORDER**

Having reviewed the request for relief from costs the court :

- This request is **GRANTED** court filing fees are waived.
- The request is **DENIED**.

Date:

Judge



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. \_\_\_\_\_, FAX \_\_\_\_\_, or TTY \_\_\_\_\_ at least ten (10) working days before your proceeding, hearing, or appointment date.

**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)

Against Defendant(s):

**EX PARTE MOTION FOR DEFAULT JUDGMENT**

Plaintiff(s) moves for an Order Granting Default Judgment against Defendant(s) on the grounds that Defendant(s) has failed to answer, appear or otherwise defend, and the time to otherwise move or plead has expired and has been extended in this action.

This motion is made pursuant to District Court Rules of Civil Procedure, Rule 55(b)(2), and is based upon the attached Declaration(s), Exhibit(s) 1 through \_\_\_\_\_, and records and files herein.

Date:

Signature of Filing Party(ies)/Filing Party(ies)' Attorney:

Print/Type Name:

**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  Plaintiff or  associated with the Plaintiff(s) as \_\_\_\_\_ and submit this based upon the personal knowledge and information from the business records maintained in the ordinary course of business and from entries made therein at or near the time of the events so recorded.
2. The following are facts why the Motion should be granted (attach continuation sheet if necessary).
3. Attached hereto as Exhibits 1 through \_\_\_\_\_ are true and correct copies of the documents in support of Plaintiff(s)' claims for judgment against Defendant(s) as named.
4. Based upon your Declarant's experience as \_\_\_\_\_, the amount of damages sustained by Plaintiff(s) is fair and reasonable.
5. Plaintiff(s) has incurred additional costs of \$ \_\_\_\_\_ for \_\_\_\_\_.
6. Defendant(s) is not an infant or incompetent person; default of Defendant(s) has been entered by the Court for failure to appear for Answer or to otherwise defend; Defendant(s) is not in the military service of the United States as defined by the Soldier's and Sailor's Civil Relief Act of 1940 or any amendments thereto; the amount due is justly due and owing and no part thereof has been paid; and the disbursements sought to be taxed have been made or incurred thereon.

Date:

Signature of Declarant:

Print/Type Name:



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

Plaintiff

Reserved for Court Use

Civil No.

Defendant

Filing Party/Attorney Name, Attorney Number, Firm Name (if applicable), Address, Telephone and Fax Number or Email

*DRAFT*

Against Defendant: Name(s)

**EX PARTE MOTION FOR DEFAULT JUDGMENT**

Plaintiff moves for an Order Granting Default Judgment against Defendant on the grounds that Defendant has failed to answer, appear or otherwise defend, and the time to otherwise move or plead has expired and has been extended in this action.

This Motion is made pursuant to District Court Rules of Civil Procedure, Rule 55(b)(2), and is based upon the attached Declaration, Exhibits 1 through \_\_\_\_\_, and the records and files herein.

Date:

Signature of Filing Party/Attorney:

Print/Type Name:

**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 THAT THE FOLLOWING IS TRUE AND CORRECT:**

1. I am  Plaintiff or  associated with Plaintiff as \_\_\_\_\_ and submit this based upon the personal knowledge and information from the business records maintained in the ordinary course of business and from entries made therein at or near the time of the events so recorded.
2. The following facts show why Defendant owes the unpaid amounts requested by the Plaintiff. (Attach continuation sheet if necessary).
  
3. Attached as Exhibits 1 through \_\_\_\_\_ are correct copies of the documents in support of Plaintiff's claims for judgment.
4. Based upon my experience as \_\_\_\_\_, the amount claimed by Plaintiff are fair and reasonable.
5. Defendant is not in the military service of the United States as defined by the Servicemembers Civil Relief Act.

Date:

Signature of Declarant:

Print/Type Name:

**COURT ORDER**

This Motion is granted. Default Judgment in favor of Plaintiff and against Defendant shall enter as follows:

Principal Amount.....	\$ _____
Interest .....	\$ _____
Attorney's Fees .....	\$ _____
Filing Fee .....	\$ _____
Service Fee .....	\$ _____
Mileage for Service.....	\$ _____
Other Costs .....	\$ _____
Total Default Judgment Amount.....	\$ _____

*DRAFT*

Date:

Judge



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. \_\_\_\_\_, FAX \_\_\_\_\_, or TTY \_\_\_\_\_ at least ten (10) working days before your proceeding, hearing, or appointment date.

I certify that this is a full, true, and correct copy of the original on filed in this office.

\_\_\_\_\_  
Clerk, District Court of the above Circuit, State of Hawai'i

**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)

Against Defendant(s):

**NON-HEARING MOTION FOR DEFAULT JUDGMENT**

Plaintiff(s) moves for an Order Granting Default Judgment against Defendant(s) on the grounds that Defendant(s) failed to appear or otherwise defend for  Pre-Trial conference  Trial or to otherwise defend, and the time to otherwise move or plead has expired and has not been extended in this action.

This Motion is made pursuant to District Court Rules of Civil Procedure, Rule 55(b)(2), and is based upon the attached Declaration(s), Exhibits 1 through \_\_\_\_\_; and the records and files herein.

Date:

Signature of Filing party(ies)/Filing Party(ies)' Attorney:

Print/Type Name:

**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  Plaintiff or  associated with the Plaintiff(s) as \_\_\_\_\_, and submit this based upon personal knowledge and information from business records which are maintained in the ordinary course of business and from entries made therein at or near the time of the events so recorded.
2. The following are facts why the Motion should be granted (attach verified complaint and/or continuation sheet if necessary);
3. Attached hereto as Exhibits 1 through \_\_\_\_\_ are true and correct copies of the documents in support of Plaintiff(s)' claims for judgment against Defendant(s) as named.
4. Based upon your Declarants' experience as \_\_\_\_\_, the amount of damages sustained by Plaintiff(s) is fair and reasonable.
5. Plaintiff(s) has incurred additional costs of \$ \_\_\_\_\_ for; \_\_\_\_\_.
6. Defendant(s) is not an infant of incompetent person; default of Defendant(s) has been entered by the Court for failure to appear for  Pre-Trial conference  Trial of to otherwise defend; Defendant(s) is not in the military service of the United States as defined by the Soldier's and Sailor's Civil Relief Act of 1940 or any amendments thereto; the amount due is justly due and owing and no part thereof has been paid; and the disbursements sought to be taxed have been made or incurred thereon.

Date:

Signature of Declarant:

Print/Type Name:

**NOTICE OF MOTION**

TO: \_\_\_\_\_:

**NOTICE IS GIVEN** that the undersigned has filed this Motion. Any response to this Motion must be in writing on the space provided below (attach separate page if more space is needed) and filed with the Court no later than 10 days from the date shown on the Certificate of Service below when the Motion is hand-delivered or 12 days when the Motion is mailed. Your written response can be delivered or mailed to the Court at **1111 Alakea Street, Civil Division, Third Floor, Honolulu, Hawai'i 96813. IF NO RESPONSE IS RECEIVED BY THE COURT BY THE DATES SPECIFIED IN THIS NOTICE, THIS MOTION MAY BE GRANTED.**

**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):

Signature of Filing Party(ies)/Filing Party(ies)' Attorney:

Date:

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 HAWAI'I THAT THE FOLLOWING IS TRUE AND CORRECT:**

Signature of Respondent Party(ies)/Responding Party(ies)' Attorney:

Date:

Print/Type Name:

**SEE NEXT PAGE**

**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:

**COURT ORDER**

This Motion is granted. Default Judgment in favor of Plaintiff(s) and against Defendant(s) shall enter as follows:

Principal Claimed.....	\$ _____
Interest.....	\$ _____
Attorney's Fees.....	\$ _____
Costs of Court.....	\$ _____
Sheriff's Fees.....	\$ _____
Sheriff's Mileage.....	\$ _____
Other Costs.....	\$ _____
 Total Judgment Amount.....	 \$ <u>                    </u>

This Motion is Denied.

Date:

Judge of the above-entitled Court

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.538-5121, FAX 538-5233, or TTY 539-4853at least ten (10) working days in advance of your hearing or appointment date. For Civil related matters, please call 538-5151.

Default Entered Against the Above-named Defendant(s)  
on \_\_\_\_\_  
\_\_\_\_\_  
Clerk, District Court of the Above Circuit, State of Hawai'i

I certify that this is a full, true, and correct copy of the original on filed in this office.  
\_\_\_\_\_  
Clerk, District Court of the above Circuit, State of Hawai'i

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

Plaintiff

Reserved for Court Use

Civil No.

Defendant

Filing Party/Attorney Name, Attorney Number, Firm Name (if applicable), Address, Telephone and Fax Number or Email

*DRAFT*

If not against all Defendants only the following:

**NON-HEARING MOTION FOR DEFAULT JUDGMENT**

Plaintiff moves for an Order Granting Default Judgment against Defendant on the grounds that Defendant failed to appear or otherwise defend at  Pre-Trial conference  Trial or to otherwise defend, and the time to otherwise move or plead has expired and has not been extended in this action. This Motion is made pursuant to District Court Rules of Civil Procedure, Rule 55(b)(2), and is based upon the attached Declaration, Exhibits 1 through \_\_\_\_\_ and the records and files herein.

Date:

Signature of Filing Party/Attorney:

Print/Type Name:

**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 THAT THE FOLLOWING IS TRUE AND CORRECT:**

1. I am  Plaintiff or  associated with Plaintiff(s) as \_\_\_\_\_, and submit this based upon personal knowledge and information from business records which are maintained in the ordinary course of business and from entries made therein at or near the time of the events so recorded.
2. The following facts show why defendant owes the unpaid amounts requested by Plaintiff. (Attach continuation sheet if necessary).
3. Attached as Exhibits 1 through \_\_\_\_\_ are copies of the documents in support of Plaintiff's claims for judgment.
4. Based upon my experience as \_\_\_\_\_, the amount claimed by Plaintiff is fair and reasonable.
5. Defendant is not in the military service of the United States as defined by the Servicemembers Civil Relief Act.

Date:

Signature of Declarant:

Print/Type Name:

**NOTICE OF MOTION**

TO: \_\_\_\_\_:

**NOTICE IS GIVEN** that the undersigned has filed this Motion. Any response to this Motion must be in writing on the space provided below (attach separate page if more space is needed) and filed with the Court no later than 10 days from the date shown on the Certificate of Service below when the Motion is hand-delivered or 12 days when the Motion is mailed. Your written response can be delivered or mailed to the Court at ~~111 Alakea Street, Civil Division, Third Floor, Honolulu, Hawai'i 96813.~~ **IF NO RESPONSE IS RECEIVED BY THE COURT BY THE DATES SPECIFIED IN THIS NOTICE, THIS MOTION MAY BE GRANTED.**

**CERTIFICATE OF SERVICE**

I certify that I served a copy of this Motion to the Opposing Party or Opposing Party's attorney on (date) \_\_\_\_\_ by  Hand-delivery or  Mail, addressed as follows:

Date:

Signature of Filing Party/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).

*DRAFT*

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 THAT WHAT I HAVE STATED IS TRUE AND CORRECT.**

Date:

Signature of Respondent Party/Attorney:  
Print/Type Name:

**CERTIFICATE OF SERVICE**

I certify that I served a copy of this Motion to the Filing Party or Filing Party's attorney on (date) \_\_\_\_\_ by  Hand-delivery or  Mail, addressed as follows:

Date:

Signature of Opposing Party/Attorney:  
Print/Type Name:

**COURT ORDER**

This Motion is granted. Default Judgment in favor of Plaintiff and against Defendant shall enter as follows:

Principal Amount.....	\$ _____
Interest.....	\$ _____
Attorney's Fees.....	\$ _____
Filing Fee.....	\$ _____
Service Fee.....	\$ _____
Mileage for Service.....	\$ _____
Other Costs.....	\$ _____
Total Default Judgment Amount.....	\$ _____

*DRAFT*

Date:

Judge



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. \_\_\_\_\_, FAX \_\_\_\_\_, or TTY \_\_\_\_\_ at least ten (10) working days before your proceeding, hearing, or appointment date.

I certify that this is a full, true, and correct copy of the original on filed in this office.

\_\_\_\_\_  
Clerk, District Court of the above Circuit, State of Hawai'i

**AFFIDAVIT ON GARNISHEE TRANSFER; EXHIBIT(S)  
 NOTICE TO EMPLOYER OF JUDGMENT DEBTOR(S);  
 GARNISHEE INFORMATION**

TWO-SIDED FORM  
 Form#1DC33

<b>IN THE DISTRICT COURT OF THE FIRST CIRCUIT</b> _____ <b>DIVISION</b> <b>STATE OF HAWAI'I</b>	
Plaintiff(s)	Reserved for Court Use
Defendant(s)	Civil No.
Garnishee (Name and Address)	Filing Party(ies)/Filing Party(ies)' Attorney (Name, Attorney Number, Firm Name (if applicable)), Address, Telephone and Facsimile Numbers
Former Employer:	Current Employer:
	Certified copy of the Judgment attached as Exhibit A  Current Amount Due: \$ _____ (If this amount is different from the Judgment Amount, please attach separate sheet showing calculations as Exhibit B)

**AFFIDAVIT ON GARNISHEE TRANSFER**

I have read this Affidavit, know the contents and verify that the statements are true to my personal knowledge and belief. **I DECLARE UNDER THE PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF HAWAI'I THAT THE FOLLOWING IS TRUE AND CORRECT:**

1. I am the Judgment Creditor(s) or Judgment Creditor(s)' attorney;
2. The Judgment (a copy of which is attached as Exhibit A) was entered on the date shown on said Judgment for Judgment Creditor(s) and against Judgment Debtor(s);
3. There is still due and owing the sum of  as shown in the certified copy of the Judgment attached as Exhibit A or  Current Amount Due as evidenced by the attached Exhibit B;

**(continued on reverse side)**

GARNTRNS.2X (Amended 4/18/97) v

**SEE REVERSE SIDE**

I certify that this is a full, true, and correct  
 copy of the original on filed in this office.

\_\_\_\_\_  
 Clerk, District Court of the above Circuit, State of Hawai'i

**AFFIDAVIT ON GARNISHEE TRANSFER (continued)**

4. The Judgment has not been appealed (or if appealed, no bond has been filed), reversed, modified, set aside or satisfied except as aforesaid and otherwise remains in full force and effect; and
5. The Judgment Creditor(s) is still the owner and holder of said Judgment.
6. Judgment Debtor(s) has left the employment of the Former Employer listed and is now believed to be in the employment of the Current Employer listed.
7. A Garnishee Order has been granted against the Former Employer of Judgment Debtor(s) listed.

Subscribed and sworn to before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_.

Signature of Affiant:

\_\_\_\_\_  
Notary Public, State of Hawai'i  
My commission expires: \_\_\_\_\_

Print/Type Name:

**NOTICE TO EMPLOYER OF JUDGMENT DEBTOR(S)**

PURSUANT TO HAWAI'I REVISED STATUTES §652-5, YOU ARE REQUIRED TO WITHHOLD IN AMOUNTS CONSISTENT WITH RATES PROVIDED FOR BY LAW, A PERCENTAGE OF THE JUDGMENT DEBTOR(S)' WAGES (INCLUDING ANY SALARY, STIPEND, COMMISSIONS, ANNUITY OR NET INCOME OR PORTION OF NET INCOME UNDER A TRUST), COMMISSIONS AND COMPENSATION AND PAY THESE FROM WEEK TO WEEK OR MONTH TO MONTH TO THE JUDGMENT CREDITOR UNTIL ALL SUMS DUE UNDER THE JUDGMENT ARE PAID.

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. 538-5121, FAX 538-5233, or TTY 539-4853 at least ten (10) working days in advance of your hearing or appointment date. For Civil related matters, please call 538-5151.

**DECLARATION ON GARNISHEE TRANSFER; EXHIBIT(S)  
 NOTICE TO EMPLOYER OF JUDGMENT DEBTOR;  
 GARNISHEE INFORMATION**

IN THE DISTRICT COURT OF THE _____ CIRCUIT _____ DIVISION STATE OF HAWAI'I	
Plaintiff	Reserved for Court Use Civil No.
Defendant	Filing Party/Attorney Name, Attorney Number, Firm Name (if applicable), Address, Telephone and Fax Number or Email
Garnishee (Name and Address)	Certified copy of the Judgment attached as Exhibit A Current Amount Due: \$ _____ (If this amount is different from the Judgment Amount, please attach separate sheet showing calculations as Exhibit B)
Former Employer:	Current Employer:

**DECLARATION ON GARNISHEE TRANSFER**

I have read this Declaration, know the contents and verify that the statements are true to my personal knowledge and belief. **I DECLARE UNDER THE PENALTY OF PERJURY THAT THE FOLLOWING IS TRUE AND CORRECT:**

1. I am the Judgment Creditor or Judgment Creditor's attorney;
2. The Judgment (a **certified** copy of which is attached as Exhibit A) was entered on the date shown on the Judgment for Judgment Creditor and against Judgment Debtor;
3. There is still due and owing;
  - the amount shown in the copy of the Judgment attached as Exhibit A or
  - the amount shown in the attached Exhibit B;

**(continued on reverse side)**

I certify that this is a full, true, and correct copy of the original on filed in this office.

\_\_\_\_\_  
 Clerk, District Court of the above Circuit, State of Hawai'i

**DECLARATION ON GARNISHEE TRANSFER (continued)**

- 4. The Judgment has not been appealed (or if appealed, no bond has been filed), reversed, modified, set aside or satisfied except as aforesaid and otherwise remains in full force and effect; and
- 5. The Judgment Creditor is still the owner and holder of the Judgment.
- 6. Judgment Debtor has left the employment of the Former Employer listed and is now believed to be in the employment of the Current Employer listed.
- 7. A Garnishee Order has been granted against the Former Employer of Judgment Debtor listed.

Signature of Declarant:

Date Print/Type Name:

*DRAFT*

**NOTICE TO EMPLOYER OF JUDGMENT DEBTOR(S)**

PURSUANT TO HAWAII REVISED STATUTES §652-5, YOU ARE REQUIRED TO WITHHOLD IN AMOUNTS CONSISTENT WITH RATES PROVIDED FOR BY LAW, A PERCENTAGE OF THE JUDGMENT DEBTOR'S WAGES (INCLUDING ANY SALARY, STIPEND, COMMISSIONS, ANNUITY OR NET INCOME OR PORTION OF NET INCOME UNDER A TRUST), COMMISSIONS AND COMPENSATION AND PAY THESE FROM WEEK TO WEEK OR MONTH TO MONTH TO THE JUDGMENT CREDITOR UNTIL ALL SUMS DUE UNDER THE JUDGMENT ARE PAID.



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. \_\_\_\_\_, FAX \_\_\_\_\_, or TTY \_\_\_\_\_ at least ten (10) working days before your proceeding, hearing, or appointment date.