

**MOTION FOR RECONSIDERATION OR NEW TRIAL;
DECLARATION; NOTICE OF MOTION; CERTIFICATE
OF SERVICE**

**IN THE DISTRICT COURT OF THE SECOND CIRCUIT
DIVISION
STATE OF HAWAII**

Plaintiff(s)

Reserved for Court Use
Civil No.

Defendant(s)

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

Trial/Motion Judge:

MOTION FOR RECONSIDERATION OR NEW TRIAL

Filing Party requests 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:

- District Court Rules of Civil Procedure, Rule _____;
- New trial under District Court Rules of Civil Procedure, Rule 59.

DECLARATION

1. I am the Movant or associated with the Movant as _____;
2. The following are facts why the Motion should be granted (Attach additional page(s), if necessary):

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

Date:	Signature of Declarant: Print/Type Name:
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SEE PAGE 2 FOR NOTICE OF MOTION AND TO RESPOND TO THE 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 below on (Day): _____, (Date): _____ at (Time): _____, _____.m. or as soon thereafter as parties may be heard.

COURT ADDRESSES

- | | |
|--|--|
| <input type="checkbox"/> Wailuku Division (Regular Claims) | 2145 Main Street, Courtroom 3C, Third Floor, Wailuku, HI 96793 |
| <input type="checkbox"/> Wailuku Division (Small Claims) | 2145 Main Street, Courtroom 3D, Third Floor, Wailuku, HI 96793 |
| <input type="checkbox"/> Lahaina Division | 1870 Honoapiilani Highway, Lahaina, HI 96761 |
| <input type="checkbox"/> Hana Division | 4974 Uakea Road, Hana, HI 96713 |
| <input type="checkbox"/> Molokai Division | 55 Makaena Place, Kaunakakai, Moloka'i, HI 96748 |
| <input type="checkbox"/> Lanai Division | 312 8th Street, Lana'i City, Lana'i, HI 96763 |

Mailing address for the above Courts: 2145 Main Street, Rm 106, Wailuku, HI 96793

CERTIFICATE OF SERVICE

I certify that on (date): _____ I served a copy of this Motion on all parties or their attorneys by
 Hand-delivery or Mail, addressed as follows:

Date:	Signature of Filing Party/Attorney: Print/Type Name:
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RESPONSE TO THE MOTION/CERTIFICATE OF SERVICE

- I DO NOT OBJECT** to this Motion.
- I DISAGREE** with this Motion for the following reasons (Attach additional page(s), if necessary):

Reserved for Court Use

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

CERTIFICATE OF SERVICE

I certify that on (date): _____ I served a copy of this Response To The Motion on all parties or their attorneys by Hand-delivery or Mail, addressed as follows:

Date:	Signature of Responding Party/Attorney: Print/Type Name:
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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. 244-2800, FAX 244-2849, or email adarequest@courts.hawaii.gov at least ten (10) working days in advance of your hearing or appointment date. For all civil matters, please call 244-2706 or visit the Service Center at 2145 Main Street, Room 141, Wailuku, HI 96793.