

RE: **Proposed Revisions to the District Court Rules of Civil Procedure Forms and Rule 10 of the Rules of the District Court of the State of Hawai‘i (RDCH)**

REVISIONS TO DISTRICT COURT FORMS AND
RDCH RULE 10 (ORDERS GRANTABLE BY THE CLERK)

The Supreme Court of Hawai‘i is seeking comments to (1) amend District Court Rules of Civil Procedure Form Nos. DC02, DC10, DC14, DC19, DC48, DC50, and DC55, (2) add new forms designated as DC56 and DC57, and (3) repeal Form DC16 and replace it with a new form. The proposed changes would ease the process of filing documents in District Court. The proposed forms are attached hereto.

The Supreme Court also seeks comment regarding a proposal to amend Rule 10 of the Rules of the District Court of the State of Hawai‘i which would allow the clerks to grant, sign, and enter certain types of orders. The proposed rule is attached hereto.

Comments about the proposed changes shall be submitted in writing **no later than December 4, 2017**, by mail to the Judiciary Communications and Information Office at 417 S. King Street, Honolulu, Hawai‘i 96813, by facsimile to 539-4801, or via the Judiciary’s website.

Attachments

**DECLARATION REGARDING ATTORNEYS' FEES
AND COSTS; EXHIBITS**

TWO-SIDED FORM
Form #_DC02

| | |
|---|---|
| IN THE DISTRICT COURT OF THE _____ CIRCUIT _____ DIVISION STATE OF HAWAII | |
| | |
| Plaintiff[s] | Reserved for Court Use Civil No. |
| Defendant[s] | Filing Party/Attorney Name, Attorney Number, Firm Name (if applicable), Address <u>and</u> Telephone <u>and</u> Fax Numbers |

DECLARATION REGARDING ATTORNEYS' FEES AND COSTS

I declare that I am the attorney for the prevailing party, and I request an award of attorneys' fees pursuant to Hawaii[~~s~~] Revised Statutes [check all that apply]:

- § 607-14 (assumpsit); § 666-14 (summary possession); § 514A-94 (condominium association);
 § 521-35 (residential rental agreement); Commercial lease agreement;
 § 514B-157 (condominium association);
 § 421J-10 (planned community association) Other [specify] statute § _____.

The amount of the judgment (principal and interest) is anticipated to be \$ _____.

I. ATTORNEY[~~s~~] FEES (Select A or B)*

*PLEASE NOTE: In addition to completing section A or B below, you **must** attach as Exhibit 1 an itemized report of the time spent on the action and to be spent to obtain a final written judgment, the hourly rates, a brief description of the work performed, and the total fees requested:

A. Fee Based on an Hourly Rate.

I have expended and am likely to expend to obtain a final [written] judgment the following hours at the rate specified below.

Hours: _____ x Hourly Rate: \$ _____

Total Fees = \$ _____.

B. Fee Based on an Agreed-Upon Fee (Explain the fee agreement below).

The attorney[~~s~~] fees incurred in this action [is] are not based on an hourly rate. The agreed-upon fee is \$ _____.

TOTAL FEES REQUESTED: \$ _____

CONTINUED TO PAGE 2

DECLARATION REGARDING ATTORNEYS' FEES AND COSTS (continued)

II. OTHER COSTS

I request an award of costs for actual disbursements itemized below pursuant to District Court Rules of Civil Procedure Rule 54(d) and Hawai[^e] Revised Statutes [check all that apply]:

§ 607-9; Other [specify statute]:§ _____,

I have attached as Exhibit 2 true copies of invoices and/or receipts for the requested costs.

***PLEASE NOTE:** Do **not** include filing fees, service costs or mileage in your request for other costs. [~~Such~~] Those costs should be reflected on the Judgment form but do not require additional court approval.

| | |
|-------------|------------------|
| <u>Item</u> | Amount Requested |
|-------------|------------------|

TOTAL OTHER COSTS REQUESTED: \$ _____

I DECLARE UNDER PENALTY OF LAW THAT THE FOREGOING IS TRUE AND CORRECT.

| | |
|-------|---|
| Date: | Signature of Declarant: Print/Type Name: |
|-------|---|

For Court Use Only:

ORDER

Approved and so Ordered: Attorney's Fees: \$ _____; Other Costs: \$ _____

Judge



[~~In accordance with the Americans with Disabilities Act~~ if you require an accommodation or assistance, 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.]

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.

For Civil-related matters, please call _____ or visit the District Court Service Center at _____

| | |
|---|--|
| IN THE DISTRICT COURT OF THE _____ CIRCUIT _____ DIVISION STATE OF HAWAII | |
| Plaintiff[(s)] | |
| Defendant[(s)] | |

Reserved for Court Use

| |
|-----------|
| Civil No. |
|-----------|

| |
|--|
| [Plaintiff(s) Plaintiff(s)] <u>Filing Party</u> /Attorney [f]Name, Attorney Number, Firm Name (if applicable), Address, <u>and</u> Telephone [and Facsimile] Number[(s)] |
|--|

**COMPLAINT
FOR RETURN OF PERSONAL PROPERTY (REPLEVIN)**

1. This Court has jurisdiction over this matter and venue is proper. [The Plaintiff(s) seeks the following relief:
- Return of Personal Property (Hawai'i Revised Statutes §604-6.1)
 - Immediate Possession of Personal Property (Hawai'i Revised Statutes Chapter 654) (BOND ATTACHED)
 - Replevin by Owner/Lessor/Seller (Hawai'i Revised Statutes §490:2A-521, et seq.)]
2. [Plaintiff(s) was, and now is, the owner/lessor/seller of the personal property described below. Defendant(s) holds said personal property against the rights of the Plaintiff(s). (Note: If this action is filed under Hawai'i Revised Statutes §604-6.1, the value of property cannot exceed \$5,000.)]
Plaintiff seeks the following relief: [check box that applies]
- Return of personal property that is **NOT** leased or rented. (Common law replevin; Hawai'i Revised Statutes §604-5(a))
 - Return of leased or rented personal property valued at \$5,000 or less. (Hawai'i Revised Statutes §604-6.1)
 - Replevin pursuant to the Uniform Commercial Code. Plaintiff is the Buyer or Lessee of goods identified in a commercial contract and after reasonable effort has been unable to effect cover for the goods or the circumstances reasonably indicate that the effort will be unavailing. (Hawai'i Revised Statutes §§490:2-716(3) and 490:2A-521(c))
 - Replevin pursuant to the Uniform Commercial Code. Plaintiff is the secured party and has the right to take possession after default. (Hawai'i Revised Statutes §490:9-609(b)(1))
 - Pursuant to Hawai'i Revised Statutes - Chapter 654 - Immediate Possession of Personal Property (BOND ATTACHED)
3. [Before filing this action Plaintiff(s) demanded that Defendant(s) turn over possession of said personal property, but Defendant(s) refused and still refuses to turn over said personal property to Plaintiff(s);] Defendant holds the personal property described below against the rights of Plaintiff.
4. [The property has not been taken for a tax assessment, or fine pursuant to a statute, or seized under an execution or an attachment against the Plaintiff(s) or the Plaintiff(s)' property, or if so seized, that it is by statute exempt from such seizure;] Before filing this action Plaintiff demanded that Defendant turn over possession of the personal property, but Defendant refused and still refuses to turn over the personal property to Plaintiff.
5. [All persons having or claiming an interest in the personal property have been named as Defendant(s) in this action.] Plaintiff asks for a Judgment and Writ of Replevin awarding possession of the personal property described below, or, in the alternative, for a Judgment in the amount of the property's value stated below.
6. [Plaintiff(s) asks for an order awarding possession of the personal property described below, or, in the alternative, for judgment for the sum shown below. In addition, the Court may award court costs, interest and reasonable attorney's fees;] In addition, the Court may award costs, interest, and reasonable attorney's fees, as allowed by statute.

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

| PERSONAL PROPERTY | | |
|--------------------------|----------------------------------|--------------|
| DESCRIPTION | SERIAL # OR OTHER ID MARK | VALUE |
| TOTAL VALUE | | \$ _____ |

| | |
|-------|---|
| Date: | Signature of Plaintiff(s)/Plaintiff(s)' Attorney: Print/Type Name: |
|-------|---|

In accordance with the **Americans with Disabilities Act** if you require an accommodation or assistance, 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.

| | |
|----------------------------|--|
| COMPRPLX (Amended 4/18/97) | <u>I certify that this is a full, true and correct copy of the original on file in this office.</u> _____ Clerk, District Court of the above Circuit, State of Hawai'i |
|----------------------------|--|

| PERSONAL PROPERTY | | |
|--------------------------------------|----------------------------------|--------------|
| DESCRIPTION | SERIAL # OR OTHER ID MARK | VALUE |
| TOTAL VALUE OF PROPERTY | | \$ _____ |

| | |
|-------|---|
| Date: | Signature of Filing Party/Attorney: Print/Type Name: |
|-------|---|

DECLARATION

I DECLARE UNDER PENALTY OF LAW THAT WHAT IS STATED IN THE COMPLAINT IS TRUE AND CORRECT.

| | |
|-------|---|
| Date: | Signature of Declarant: 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.

For Civil related matters, please call _____ or visit the District Court Service Center at _____.

| | |
|---|---|
| IN THE DISTRICT COURT OF THE _____ CIRCUIT _____ DIVISION STATE OF HAWAII | |
| Plaintiff[(s)] | Reserved for Court Use [Court Date:] [REC. # _____ \$] |
| Defendant[(s)] | Civil No. Defendant[(s)]/Defendant' [(s)] Attorney [(Name, Attorney Number, Firm Name (if applicable), Address, and Telephone [and Facsimile] Number(s)] |

COUNTERCLAIM

1. On or about _____, Plaintiff[(s)] owed money to Defendant[(s)] as follows:
(Attach continuation page, if necessary).
2. Defendant[(s)] asks for judgment against Plaintiff[(s)] in the sum of \$ _____.
In addition, the Court may award court costs, interest and reasonable attorney's fees.

CERTIFICATE OF SERVICE

I certify that a copy of this Counterclaim was served [at the last known address(es) of] on the Opposing Party[(ies)] [or Opposing Party(ies)] or their attorney on (date) _____ by Hand-delivery or Mail, Postage Prepaid, at the following address[(es)]:

| | |
|-------|--|
| Date: | Signature of Defendant[(s)]/Defendant[(s)]'s Attorney: Print/Type Name: |
|-------|--|

DECLARATION

I have read this Counterclaim, know the contents and verify that the statements are true to my personal knowledge and belief. **I DECLARE UNDER PENALTY OF [PREJURY UNDER THE] LAW[S OF THE STATE OF HAWAII] THAT THE ABOVE IS TRUE AND CORRECT.**

| | |
|-------|---|
| Date: | Signature of Declarant: Print/Type Name: |
|-------|---|

SEE PAGE 2

[In accordance with the ~~Americans with Disabilities Act~~ if you require an accommodation or assistance, 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.]



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.

[COUNTCLM.X (Amended 4/18/97)]

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

EX PARTE MOTION TO STAY EXECUTION OF WRIT OF POSSESSION; DECLARATION; ORDER

#_DC16

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, and Telephone Number

EX PARTE MOTION TO STAY EXECUTION OF WRIT OF POSSESSION

Filing Party requests that this Motion be granted for the reasons stated in 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 _____;
- Hawai'i Revised Statutes § _____.

DECLARATION

1. I am the Moving Party or associated with the Moving Party as _____;
2. I did not attend my summary possession hearing because:
 - I was not served with a Summons and Complaint for this eviction proceeding and did not know that I had a hearing scheduled.
 - I was in the District Court building, but I went to the wrong courtroom and missed my hearing. (Explain below.)
 - I was unexpectedly delayed and was a few minutes late for my hearing. I checked in with the court clerk, who advised me that I had just missed my hearing. (Explain below.)
 - There was a medical emergency in my family and I was unable to make it to court on time.
 - I was ill or hurt and unable to attend court.
 - The date that I was supposed to attend my hearing was not clear to me. (Explain below.)

Please use the following lines for your further explanations:

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

3. I believe that the Writ of Possession should be stayed because:

- I did not receive proper written notice from my landlord giving me the correct amount of days to correct the problem.
- My landlord claims non-payment of rent, but I have proof that I have paid the rent.
- My landlord refused to accept my payment
- I have valid defenses/reasons. Explain below.

Please use the following lines for your explanations:

I DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

| | |
|-------|---|
| Date: | Signature of Declarant: Print/Type Name: |
|-------|---|

CERTIFICATE OF SERVICE

I mailed or hand-delivered a copy of this Motion to my landlord or their attorney on (date)_____ at the following address:

Reserved for Court Use

COURT ORDER

This Motion is: **GRANTED** **DENIED**
 PARTIALLY GRANTED as follows:

| | |
|-------|-------|
| 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. 538-5121, FAX 538-5233, or TTY 539-4853 at least ten (10) working days before your proceeding, hearing, or appointment date.

| | |
|---|---|
| IN THE DISTRICT COURT OF THE _____ CIRCUIT _____ DIVISION STATE OF HAWAII | |
| Plaintiff[(s)] | Reserved for Court Use [Court Date:] |
| | Civil No. |
| Defendant[(s)] | Filing Party[(ies)/Filing Party(ies)] /Attorney [(t)Name, Attorney Number, Firm Name (if applicable), Address, and Telephone [and Facsimile] Number(s)] |
| List name of Person to be examined or Person having failed to appear: | Filing date of Motion for Order for Examination: |

**EX PARTE MOTION FOR DISCONTINUANCE OF ORDER FOR
 EXAMINATION AND/OR RECALL OF BENCH WARRANT**

Judgment Creditor[(s)] requests to discontinue the above dated Order for Examination or Order for Examination on Judgment Debtor(s)/Person Having Knowledge and/or to recall Bench Warrant ordered on _____ and issued on _____. The Bench Warrant number is _____,

CERTIFICATE OF SERVICE

I certify that I served [~~a copy of this Motion was served at the last known address(es) of~~] the Judgment Debtor(s), Person Having Knowledge [~~of the Affairs of Judgment Debtor(s), Person Having Failed to Appear~~], or [~~his/her/its/~~]their Attorney [listed below] on (date) _____ 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: |
| Date: | Approved and So Ordered: |
| | Judge [of the above-entitled Court] |

~~[In accordance with the Americans with Disabilities Act if you require an accommodation or assistance, 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.]~~



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.

[DISCOE.X (Amended 4/18/97)]

(Rev. **/**/****)

(Release: **/**)

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 Hawaii

SATISFACTION OF JUDGMENT;

RELEASE OF GARNISHEE(S)

| | |
|--|--|
| IN THE DISTRICT COURT OF THE _____ CIRCUIT _____ DIVISION STATE OF HAWAI'I | |
| Plaintiff[(s)] | Reserved for Court Use |
| Defendant[(s)] | Civil No. |
| Name of Garnishee(s) to be released: | Filing Party[(ies)]/Filing Party[(ies)]' Attorney [(Name, Attorney Number, Firm Name (if applicable), Address, and Telephone [and Facsimile] Number[s])] |
| Date Garnishee Summons Order Granted: (If none, date of Garnishee Summons) | |

SATISFACTION OF JUDGMENT AND/OR
 RELEASE OF GARNISHEE

The undersigned acknowledges full satisfaction and payment of the **JUDGMENT** in the above-entitled case.

Release of Garnishee[(s)] as stated above.

CERTIFICATE OF SERVICE

I certify that [~~a copy of this Satisfaction was served at the last known address(es) of Judgment Debtor(s) or Judgment Debtor(s)' attorney/]~~ I served the Opposing party or attorney and/or Garnishee[(s)] on (date) _____ 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: |
|-------|---|

[In accordance with the **Americans with Disabilities Act** if you require an accommodation or assistance, 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.]



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.

[SATISRLS.X (Amended 4/18/97)]

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

(Rev. **/**/****)

(Release: **/**)

| |
|--|
| IN THE DISTRICT COURT OF THE _____ CIRCUIT _____ DIVISION STATE OF HAWAI'I |
| Plaintiff[(s)] |
| Defendant[(s)] |

Reserved for Court Use

Civil No.

[Plaintiff(s)/Plaintiff(s)] Filing Party/Attorney [(c)]Name, Attorney Number, Firm Name (if applicable), Address and Telephone [and Facsimile] Number(s)

SUMMONS

THE STATE OF HAWAI'I:

TO: The Director of Public Safety of the State of Hawai'i, [his/her] the Director's deputy, or any police officer or other person authorized by the laws of the State of Hawai'i:

~~[You are commanded to summon the Defendant(s) to appear before the District Judge of this Court in his/her Courtroom, to appear at the Court designated by the checked box on the reverse side.]~~

This Summons shall not be personally delivered between 10:00 p.m. and 6:00 a.m. on premises not open to the public, unless a Judge [of the above-entitled Court] permits, in writing on this Summons, personal delivery during those hours.

TO THE DEFENDANT[(S)]:

You are required to file a written answer or appear before the District Judge of this Court, in [his/her] Courtroom, on the day and at the time designated by the checked box on [the reverse side] page 2. If the Defendant[(s)] is a corporation, Hawai'i law requires it to be represented by an attorney licensed to practice in the State of Hawai'i.

IF YOU OR YOUR ATTORNEY FAIL TO ATTEND THE COURT HEARING AT THE TIME AND PLACE DESIGNATED [DELETED] OR FILE A WRITTEN ANSWER A DEFAULT JUDGMENT WILL BE TAKEN AGAINST YOU FOR THE RELIEF DEMANDED IN THE COMPLAINT.

~~NOTICE TO ALL PARTIES: (Honolulu Division only): If this case involves a residential lease and if the Defendant(s) disagrees with the statements in the Complaint, the Court may require the parties to submit their dispute to mediation at the Pre-Trial conference that will be scheduled on the Monday, not a holiday, following the court date specified above. If the Monday following your court date is a holiday, the Pre-Trial conference will occur on the next business day. If the parties are not able to resolve the dispute within 20 minutes of mediation, the Court will set a trial date.]~~

| | |
|-------|---|
| Date: | Clerk[of the above-entitled Court] |
|-------|---|

COURT ADDRESSES AND RETURNABLE DAYS:

~~Honolulu Division, 1111 Alakea Street, 10th Floor Courtrooms 10A or 10B, Honolulu, Hawai'i~~

~~at 8:30 a.m. on _____, _____, 20__ for summary possession.~~

~~or~~

~~at 8:30 a.m. on the fifth day following date of service, excluding Saturdays, Sundays and legal holidays for summary possession:~~

~~or~~

~~at 1:30 p.m. on the second Monday following date of service, and should said Monday be a legal holiday then upon the next business day.~~

~~Ewa Division, 870 Fourth Street, Pearl City, Hawai'i,~~

~~at 8:30 a.m. on Friday, _____, 20__ for summary possession.~~

~~or~~

~~at 8:30 a.m. on the second Friday following date of service, and should said Friday be a legal holiday then upon the next Friday.~~

~~Ko'olaupoko OR Ko'olaupoko Division, 46-201 Kahuhipa Street, Kane'ohe, Hawai'i~~

~~at 8:30 a.m. on Thursday, _____, 20__ for summary possession.~~

~~or~~

~~at 8:30 a.m. on the second Thursday following date of service, and should said Thursday be a legal holiday then upon the next Thursday.~~

~~Wahiawā OR Waialua Division, 1034 Kilani Avenue, Wahiawā, Hawai'i,~~

~~at 9:00 a.m. Wednesday, _____, 20__ for summary possession.~~

~~or~~

~~at 9:00 a.m. on the second Wednesday following date of service, and should said Wednesday be a legal holiday then upon the next Wednesday.~~

~~Wai'anac Division, 87-1784 Farrington Highway, Nānākuli, Hawai'i,~~

~~at 9:00 a.m. Tuesday, _____, 20__ for summary possession.~~

~~or~~

~~at 9:00 a.m. on the second Tuesday following date of service, and should said Tuesday be a legal holiday then upon the next Tuesday.]~~

Mailing address for the Courts: ~~[1111 Alakea Street, Civil Division, Third Floor, Honolulu, Hawai'i 96813]~~

~~[In accordance with the Americans with Disabilities Act if you require an accommodation or assistance, 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.]~~



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 ____ CIRCUIT _____ DIVISION STATE OF HAWAI'I | |
| Plaintiff[(s)] | Reserved for Court Use |
| Defendant[(s)] | |

| |
|---|
| Civil No. |
| Filing Party[(ics)]/Filing Party(ics) /Attorney [(t)]Name, Attorney Number, Firm Name (if applicable), Address, and Telephone [and Facsimile] Number[s] |

WRIT OF REPLEVIN

THE STATE OF HAWAI'I:

TO: The Director of Public Safety of the State of Hawai'i, [his/her] the Director's deputy, or any police officer or other person authorized by the laws of the State of Hawai'i. Plaintiff[(s)], on [the] _____ [day of] _____, 20____ [before the undersigned Judge of the above-entitled Court,] obtained [an order for repossession] Judgment for return of personal property against Defendant[(s)] for [possession of] the item[(s)] described as follows:

| PERSONAL PROPERTY OF PLAINTIFF(S) | | |
|-----------------------------------|---|-------|
| DESCRIPTION | SERIAL [NUMBER] # OR OTHER ID MARK (if applicable) | VALUE |
| | | |

NOW, YOU ARE COMMANDED TO REPOSSESS[~~forthwith~~] the above item[(s)] from Defendant[(s)] and put Plaintiff[(s)] in full possession [thereof] of those items and [make due return] file with the Court proof of execution of the writ.

| | |
|-------|-----------------------------------|
| Date: | Judge of the above-entitled Court |
|-------|-----------------------------------|

WRITRPL.2X (Amended 4/18/97)

SEE REVERSE SIDE

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

[—]I am duly authorized by Hawai'i law to serve this Writ and I executed this Writ on the following person[(s)]:

at _____

on [this _____ day of] _____, 20 ____.

| | |
|-------|---|
| Date: | Signature of Serving Officer: Print/Type Name: |
|-------|---|

~~[In accordance with the **Americans with Disabilities Act** if you require an accommodation or assistance, 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.]~~



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.

**JUDGMENT FOR RETURN OF PERSONAL PROPERTY
(REPLEVIN)**

Form #_DC56

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, and Telephone Number

Court Date Writ Was Ordered:

JUDGMENT FOR RETURN OF PERSONAL PROPERTY (REPLEVIN)

IT IS ORDERED, ADJUDGED, AND DECREED that Judgment for Return of Personal Property for Plaintiff is entered as follows:

1. Plaintiff is entitled to possession of the property as described in the Complaint.
2. **A WRIT OF REPLEVIN** against Defendant shall be issued upon presentation by Plaintiff to the Court.

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 file in this office.

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

**COMPLAINT (EJECTMENT, DAMAGES);
DECLARATION; EXHIBIT; SUMMONS**

TWO-SIDED FORM
Form #_DC57

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, and Telephone Number

Premises Address:

COMPLAINT FOR EJECTMENT

1. This Court has jurisdiction over this matter and venue is proper.
2. The premises is located in this division of this Court.
3. Plaintiff is the owner or the agent for the owner of the premises.
4. Defendant is in possession of the premises without legal authority or permission.
5. If title was obtained through a non-judicial foreclosure action:
 - Plaintiff did not initiate the non-judicial foreclosure action.
 - Plaintiff did initiate the non-judicial foreclosure action and acquired title at auction as the highest bidder. Plaintiff asserts that the sale of the property was conducted in a manner that was fair, reasonably diligent, in good faith, and the price at auction was an adequate price.
6. If a written notice to vacate was given to Defendant a copy is attached.
7. 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 a member of the military.
 - The following Defendant is an active duty member of the military. Name _____.
 - I am unable to determine whether the Defendant is an active duty member of the military. Please attach a separate page indicating what attempts were made to determine Defendant's military status.

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

COMPLAINT (continued)

Plaintiff is asking the Court for the following:

A. A Judgment giving Plaintiff possession of the premises.

B. A Writ of Possession directing the Sheriff or serving officer to:

1. Remove Defendant from the premises and all persons possessing the premises through Defendant;
2. Remove from the premises all personal belongings of Defendant and of any other person; and
3. Put Plaintiff in possession of the premises.

C. Judgment against Defendant for \$ _____.

In addition, the Court may award other damages, court costs, interest, and reasonable attorney's fees, as allowed by statute.

| | |
|--------------|--|
| Date: | Signature of Plaintiff/Attorney: Print/Type Name: |
|--------------|--|

DECLARATION

I DECLARE UNDER PENALTY OF LAW THAT WHAT IS STATED IN THE COMPLAINT IS TRUE AND CORRECT.

| | |
|--------------|---|
| Date: | Signature of Declarant: 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.

For Civil related matters, please call _____ or visit the District Court Service Center at _____.

**PROPOSED AMENDMENTS TO
RULES OF THE DISTRICT COURTS OF THE STATE OF HAWAII**
(Deleted material is bracketed and stricken; new material is underlined)

**Rule 10. ORDERS AND JUDGMENTS
GRANTABLE BY THE CLERK.**

The clerk may grant, sign, and enter the following orders without further direction by the court, but any orders so entered may be set aside or modified by the court:

(a) **Stipulations extending time.** [~~Stipulations extending time once for not more than 20 days following the time within which to plead or move to a pleading if the time originally prescribed to plead or move has not expired.~~]

(b) [~~Stipulations regarding questions. Stipulations for extension of time once for not more than 15 days the time within which to object to or answer questions to a party if the time to answer such questions has not expired.~~]

Orders of dismissal pursuant Rules 12, 28, and 29 of these rules.

(c) **Stipulations for substitutions of attorneys.** [~~Stipulations for the substitution of attorneys.~~]

(d) **Judgments.** Default judgments as provided in Rule 55(b)(1) and judgments pursuant to Rule 68 of the District Court Rules of Civil Procedure.

Attorneys' fees may be awarded as provided by law.

(e) **Other orders.** Any other order referred to in the District Court Rules of Civil Procedure which is grantable [~~of course~~] by the clerk.