

**Electronically Filed  
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SCRU-11-0000580

IN THE SUPREME COURT OF THE STATE OF HAWAI‘I

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In the Matter of the  
District Court Rules of Civil Procedure

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ORDER AMENDING FORMS

(By: Recktenwald, C.J., Nakayama, McKenna, Pollack, and Wilson, JJ.)

IT IS HEREBY ORDERED that effective upon entry of this order, the attached Forms DC02, DC10, DC14, DC19, DC48, DC50, and DC55 are amended for use in the District Courts of the State of Hawai‘i, and appended to the District Court Rules of Civil Procedure. The forms replace the prior forms bearing the same "DC" number.

IT IS FURTHER ORDERED that new Forms DC56 and DC57 are authorized to be inserted in the District Court Rules of Civil Procedure.

IT IS FURTHER ORDERED that Form DC16 is repealed and replaced with a new form, *Ex Parte Motion to Stay Execution of Writ of Possession*.

IT IS FINALLY ORDERED that the district courts are authorized to insert circuit identifiers, addresses and contact information and to publish the forms in print or electronic format.

DATED: Honolulu, Hawai'i, January 23, 2018.

/s/ Mark E. Recktenwald

/s/ Paula A. Nakayama

/s/ Sabrina S. McKenna

/s/ Richard W. Pollack

/s/ Michael D. Wilson



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

Form#\_DC02

<b>IN THE DISTRICT COURT OF THE ___ CIRCUIT DIVISION STATE OF HAWAI'I</b>	
Plaintiff	Reserved for Court Use
Defendant	Civil No.
Filing Party/Attorney Name, Attorney Number, Firm Name (if applicable), Address and Telephone Number	

**DECLARATION REGARDING ATTORNEYS' FEES AND COSTS**

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

- § 607-14 (assumpsit);  § 521-35 (residential rental agreement);  Commercial lease agreement;
- § 514B-157 (condominium association);  § 421J-10 (planned community association)  Other statute § \_\_\_\_\_.

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

**I. ATTORNEYS' 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 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 attorneys' fees incurred in this action are not based on an hourly rate. The agreed-upon fee is \$ \_\_\_\_\_.

**TOTAL FEES REQUESTED: \$ \_\_\_\_\_**

**SEE 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'i 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. Those costs should be reflected on the Judgment form but do not require additional court approval.

<u>Item</u>	<u>Amount Requested</u>
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**TOTAL OTHER COSTS REQUESTED: \$ \_\_\_\_\_**

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

Date:	Signature of Declarant:
For Court Use Only:	Print/Type Name:

**ORDER**

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

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.  
**For Civil-related matters, please call \_\_\_\_\_ or visit the District Court Service Center at \_\_\_\_\_.**

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

Form #\_DC10

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

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

1. This Court has jurisdiction over this matter and venue is proper.
2. 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 Defendant holds the personal property described below against the rights of Plaintiff.
4. 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. 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. 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  
SERIAL # OR OTHER ID MARK**

**DESCRIPTION**

**VALUE**

**TOTAL VALUE OF PROPERTY** .....\$ \_\_\_\_\_

Signature of Filing Party/Attorney:

Date:

Print/Type Name:

**DECLARATION**

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

Signature of Declarant:

Date:

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 \_\_\_\_\_.**

**COUNTERCLAIM; CERTIFICATE OF SERVICE; DECLARATION**

Form#\_DC14

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

Plaintiff

Reserved for Court Use

Civil No.

Defendant

Defendant/Defendant's Attorney Name, Attorney Number, Firm Name (if applicable), Address, Telephone number

**COUNTERCLAIM**

1. On or about \_\_\_\_\_, Plaintiff owed money to Defendant as follows:  
(Attach continuation page, if necessary).

2. Defendant asks for judgment against Plaintiff 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 on the Opposing Party or their attorney on (date) \_\_\_\_\_  
by  Hand-delivery or  Mail at the following address:

Signature of Defendant/Defendant's Attorney:

Date:

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 LAW THAT THE ABOVE IS TRUE AND CORRECT.**

Signature of Declarant:

Date:

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 all Civil-related matters, please call \_\_\_\_\_ or visit the District Court Service Center at \_\_\_\_\_.

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

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

<b>IN THE DISTRICT COURT OF THE _____ CIRCUIT _____ DIVISION STATE OF HAWAI'I</b>	
Plaintiff	Reserved for Court Use
Defendant	Civil No.
List name of Person to be examined or Person having failed to appear:	Filing Party/Attorney (Name, Attorney Number, Firm Name (if applicable), Address, and Telephone Number)
	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 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 the Judgment Debtor(s), Person Having Knowledge, or their Attorney on (date) \_\_\_\_\_ by  Hand-delivery or  Mail at the following address:

Date:	Signature of Filing Party/Attorney:
	Print/Type Name:
Date:	Approved and So Ordered:
	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.  
For Civil-related matters, please call \_\_\_\_\_ or visit the District Court Service Center at \_\_\_\_\_.

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



- SATISFACTION OF JUDGMENT AND/OR  
 RELEASE OF GARNISHEE(S)

<b>IN THE DISTRICT COURT OF THE _____ CIRCUIT          _____ DIVISION          STATE OF HAWAI'I</b>	
Plaintiff	Reserved for Court Use
	Civil No.
Defendant	Filing Party/Attorney Name, Attorney Number, Firm Name (if applicable), Address, and Telephone Number
Name of Garnishee to be released:	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 as stated above.

**CERTIFICATE OF SERVICE**

I certify that I served the  Opposing party or attorney and/or  Garnishee on (date) \_\_\_\_\_ by  Hand-delivery or  Mail, at the following address:

Date:	Signature of Filing Party/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.  
**For Civil-related matters, please call \_\_\_\_\_ or visit the District Court Service Center at \_\_\_\_\_.**

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

<b>IN THE DISTRICT COURT OF THE _____ CIRCUIT                  _____ DIVISION                  STATE OF HAWAI'I</b>	
Plaintiff	Reserved for Court Use
	Civil No.
Defendant	Filing Party/Attorney Name, Attorney Number, Firm Name (if applicable), Address, and Telephone Number
<b>SUMMONS</b>	
<p><b>THE STATE OF HAWAI'I:</b></p> <p><b>TO:</b> The Director of Public Safety of the State of Hawai'i, the Director's deputy, or any police officer or other person authorized by the laws of the State of Hawai'i:</p> <p style="margin-left: 40px;">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 permits, in writing on this Summons, personal delivery during those hours.</p> <p><b>TO THE DEFENDANT:</b></p> <p style="margin-left: 40px;">You are required to file a written answer or appear before the District Judge of this Court, in the Judge's Courtroom, on the day and at the time designated by the checked box on page 2. If the Defendant is a corporation or limited liability company, Hawai'i law requires it to be represented by an attorney licensed to practice in the State of Hawai'i.</p> <p style="margin-left: 40px;"><b>IF YOU OR YOUR ATTORNEY FAIL TO ATTEND THE COURT HEARING AT THE TIME AND PLACE DESIGNATED OR FILE A WRITTEN ANSWER A DEFAULT JUDGMENT WILL BE TAKEN AGAINST YOU FOR THE RELIEF DEMANDED IN THE COMPLAINT.</b></p> <p>NOTICE TO PARTIES:</p>	
Date:	Clerk

**SEE PAGE 2**

COURT ADDRESSES AND RETURNABLE DAYS:

**Mailing address** for the Courts:



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 all Civil-related matters, please call \_\_\_\_\_ or visit the District Court Service Center at \_\_\_\_\_.**

**WRIT OF REPLEVIN**

Form #\_DC55

**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

**WRIT OF REPLEVIN**

**THE STATE OF HAWAI'I:**  
**TO:** The Director of Public Safety of the State of Hawai'i, the Director's deputy, or any police officer or other person authorized by the laws of the State of Hawai'i. Plaintiff, on \_\_\_\_\_, 20\_\_ obtained Judgment for return of personal property against Defendant for the items described as follows:

**PERSONAL PROPERTY OF PLAINTIFF**

DESCRIPTION	SERIAL # OR OTHER ID MARK (if applicable)	VALUE

NOW, YOU ARE COMMANDED TO REPOSSESS the above items from Defendant and put Plaintiff in full possession of those items and file with the Court proof of execution of the writ.

Date:

Judge

**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

**EXECUTION OF WRIT**

I am authorized by Hawai'i law to serve this Writ and I executed this Writ on the following person:

\_\_\_\_\_

\_\_\_\_\_

at \_\_\_\_\_

\_\_\_\_\_

on \_\_\_\_\_, 20 \_\_\_\_.

Date:	Signature of Serving Officer:  Print/Type Name:
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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 MOTION TO STAY EXECUTION OF WRIT OF POSSESSION; DECLARATION; ORDER**

Form #\_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.**

<p>Date:</p>	<p>Signature of Declarant:</p> <p>Print/Type Name:</p>
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**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:**

<p>Date:</p>	<p>Judge</p>
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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. 538-5121, FAX 538-5233, or TTY 539-4853 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



**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:
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**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:
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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.

**For Civil-related matters, please call \_\_\_\_\_ or visit the District Court Service Center at \_\_\_\_\_.**