

	HAWAI'I STATE JUDICIARY WRITTEN REQUEST TO ACCESS COURT RECORDS Circuit: Court/Department:	Reserved for Official Use Only
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Requestor Information			
First Name		Last Name	
Address		City	State Zip Code
Email Address		Additional Contact Information (optional)	
		Today's Date	
I am the: (Check one →)		Plaintiff/Petitioner	Defendant/Respondent
I am the Attorney of Record for: (Check one →)		Plaintiff/Petitioner	Defendant/Respondent
I am NOT a party to this case: (Check here →)			

Case Identification		
Case Type (Civil, Criminal, Divorce, etc.)	Case Number	Case Name (Names of all parties named in the case)

Records Requested				
Please select one of the following:				
<input type="checkbox"/> Obtain copies of ALL documents in the record. <input type="checkbox"/> Obtain copies of only selected documents in the record (attach additional pages if necessary). Document(s) requested:				
Filing Date	Title of Document (Please describe as completely as possible)	Number of non-certified copies	Number of certified copies	Other. i.e., Number of exemplified copies

Fees	
Please see Rule 2.2 of the Rules of the Circuit Courts of the State of Hawai'i, Rule 2.2 of the Rules of the District Courts of the State of Hawai'i, Rule 45(e) of the Hawai'i Rules of Appellate Procedure, and Rule 70 of the Rules of the Land Court for the costs and fees to be collected by the clerk.	

THIS SECTION FOR OFFICIAL USE ONLY	
Date Request Received:	Clerk Receiving Request:

ATTACHMENT PAGE NUMBER _____
HAWAII STATE JUDICIARY
WRITTEN REQUEST TO ACCESS COURT RECORDS

Requestor Information

First Name	Last Name
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Case Identification

Case Type (Civil, Criminal, Divorce, etc.)	Case Number	Case Name (Names of all parties named in the case)
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Records Requested

To obtain copies of only selected documents in the record, please list below (continued from Page 1):

Filing Date	Title of Document (Please describe as completely as possible)	Number of non-certified copies	Number of certified copies	Other, i.e., Number of exemplified copies