

<p>IN THE DISTRICT COURT OF THE THIRD CIRCUIT _____ DISTRICT STATE OF HAWAI‘I</p>	
Plaintiff(s)	Civil No.
Defendant(s)	Filing Party(ies)/Filing Party(ies)' Attorney (Name, Attorney Number, Firm Name (if applicable), Address, Telephone and Facsimile Numbers)

EXEMPLIFICATION

I, _____, the undersigned Clerk of the above-entitled Court, certify that the attached is a full, true, and correct copy of the original document on file
IN WITNESS I have signed this exemplification and affixed the seal of this Court.

Date:	Clerk of the above-entitled Court
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I, _____, District Judge of the above-entitled Court, certify that said Court is a Court of Record having a Clerk and Seal; that the court Clerk who signed the foregoing attestation is a duly appointed and qualified Clerk of said Court, and was, at the time of signing the same such Clerk, and as such, duly qualified to execute said certificate of attestation; that the same is in due form according to the laws of the State of Hawai‘i; that the signature to said attestation is in the Clerk’s genuine handwriting, and that all his/her official acts, as such Clerk, are entitled to full faith and credit,
IN WITNESS my signature and the seal of this Court.

Date:	Judge of the above-entitled Court
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I, _____, Court Administrator of the above-entitled Court, certify that the Honorable Judge, whose name is subscribed to the preceding certificate, was at the time of signing the same Judge of this Court and was duly commissioned, qualified and authorized by law to execute said certificated, and that his/her signature to said certificate is genuine.
IN WITNESS my signature and the seal of this Court.

Date:	Court Administrator of the above-entitled Court
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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 your disability when working with a court program, service, or activity please contact the ADA Coordinator at PHONE NO. (808) 961-7424, FAX (808) 961-7411, or TTY (808) 961-7422 **at least (10) working days before** your preceeding, hearing, or appointment date.
For all Civil related matters, please call or visit the District Court at: Hilo Division, 777 Kilauea Avenue, Hilo, Ph. (808) 961-7515 • Kohala Division, 67-5187 Kamamalu Street, Kamuela, Ph. (808) 443-2030 • Kona Division, 79-1020 Haukapila Street, Kealahou, Ph. (808) 322-8700.

EXEMPLIF	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
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