

<b>STATE OF HAWAI'I DISTRICT COURT OF THE THIRD CIRCUIT</b> _____ DIVISION	<b>EXHIBIT LIST</b>  <b>DO NOT FILE WITH COURT</b>	Civil Number
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Plaintiff(s)	Plaintiff(s)/Plaintiff(s)' Attorney (Name, Attorney Number, Firm Name (if applicable), Address, Telephone and Facsimile Numbers)
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Defendant(s)	Defendant(s)/Defendant(s)' Attorney (Name, Attorney Number, Firm Name (if applicable), Address, Telephone and Facsimile Numbers)
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Date of Trial or Hearing: \_\_\_\_\_

*DESIGNATION OF IDENTIFICATION CODES _____ PLAINTIFF _____ DEFENDANT	OFFERED FOR IDENTIFICATION	RECEIVED IN EVIDENCE	WITHDRAWN	DESCRIPTION OF EXHIBIT	DATE R = RETURNED D = DESTROYED OTHER COMMENTS



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.**

EXHIBIT LIST	PAGE _____ OF _____ PAGE(S)
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\* Plaintiff(s) to label exhibits in numerical order. Example: Plaintiff(s) -- 1, 2, 3, etc. Defendant(s) to label exhibits in alphabetical order. Example: Defendant(s) -- A, B, C, etc.  
 A completed list and all exhibit(s) shall be presented to the Court at the time of trial or hearing.