

IN THE DISTRICT COURT OF THE THIRD CIRCUIT _____ DIVISION STATE OF HAWAI‘I	
Plaintiff(s)	Reserved for Court Use
	Civil No.
Defendant(s)	Filing Party(ies)/Filing Party(ies)' Attorney (Name, Attorney Number, Firm Name (if applicable), Address, Telephone and Facsimile Numbers)
Garnishee(s)	Return Date when Garnishee Order was Granted

GARNISHEE ORDER

FOR WAGES, SALARY, COMMISSION, STIPEND, ANNUITY, NET INCOME OR A PORTION OF NET INCOME UNDER A TRUST, WITHHELD BY GARNISHEE

It is **ORDERED, ADJUDGED AND DECREED** that Garnishee above named pay such amount or amounts withheld to Judgment Creditor(s) or Judgment Creditor(s)' attorney, until the balance of \$ _____ of the judgment, together with added costs of \$ _____ and legal interest at the rate of 10% are fully paid or until further order of the above entitled Court

FOR FUNDS (other than wages) **GOODS/EFFECTS IN POSSESSION OF GARNISHEE**

It is **ORDERED, ADJUDGED AND DECREED** that Garnishee above named pay or deliver to Judgment Creditor(s) or Judgment Creditor(s)' attorney, whatever monies/goods/effects it has in its possession belonging to Judgment Debtor(s). _____

 in a sum or value, however, not to exceed the amount of \$ _____, together with added costs of \$ _____ and legal interest at the rate of 10%, or until further order of the above-entitled Court.

FOR INSPECTION OF CONTENTS OF SAFE DEPOSIT BOX

It is **ORDERED, ADJUDGED AND DECREED** that Garnishee above named shall cooperate with ad assist Judgment Creditor(s) or Judgment Creditor(s)' attorney to inspect and inventory the contents of the safe deposit box. Judgment Creditor(s) has leave to request reimbursement of costs, including locksmith charges, incurred to obtain access to the contents of the safe deposit box.

Date:	Judge 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 District Court Administration Office at PHONE NO. (808) 961-7424, FAX (808) 961-7411, or TTY (808) 961-7422 **at least (10) working days before** your preceding, 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.

GARNORD

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