

**COMPLAINT (PERSONAL INJURY/ PROPERTY DAMAGE);
SUMMONS**

Form 5DC09

IN THE DISTRICT COURT OF THE FIFTH CIRCUIT	
STATE OF HAWAI'I	
Plaintiff	Reserved for Court Use
	Civil No.
Defendant	Filing Party/Attorney Name, Attorney Number, Firm Name (if applicable), Address, Telephone and Fax Number or Email
	Date of Injury/Damage:

COMPLAINT

1. This Court has jurisdiction over this matter and venue is proper.
2. On or about the date of injury/damage stated above, defendant intentionally and/or negligently injured Plaintiff and/or damaged Plaintiff's property as follows: (state location of incident and briefly explain what happened)
3. As a result of the incident, Defendant caused the following damages:
 - Physical Injury (Do not state the dollar amount, but give a brief description of the injury):

 - Property Damage in the amount of \$ _____ (Describe the type of damage):
4. Defendant has refused to pay for Plaintiff's damages.
5. 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 an active duty member of the US Military.
 - The following Defendant is an active duty member of the US Military. Name: _____.
 - I am unable to determine whether the Defendant is an active duty member of the US Military. Please attach a separate sheet indicating what attempt was made to determine Defendant's military status.
6. Plaintiff asks for judgment against defendant for the damages proved. In addition, the court may award court costs, interest and reasonable attorney's fees as allowed by statute.

Date:	Signature of 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. 482-2347, FAX 482-2509, or TTY 482-2533 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

SUMMONS

IN THE DISTRICT COURT OF THE FIFTH CIRCUIT LIHUE 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

SUMMONS

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:

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.

TO THE DEFENDANT:

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 below. 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.

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.

District Court Division 3970 Kā‘ana Street, Courtroom #2, Līhu‘e, Hawai‘i 96766 at 8:00 a.m. on the third **Monday** following date of service and should said **Monday** be a legal holiday then upon the next **Monday**.

Mailing address: District Court Division - 3970 Kā‘ana Street, Suite 207, Līhu‘e, Hawai‘i 96766

Date:	Clerk
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