

JUDGMENT DEBTOR(S)'S MOTION RETURN/RELEASE OF WAGES EXEMPT FROM GARNISHMENT; NOTICE OF MOTION; CERTIFICATE OF SERVICE; GARNISHMENT CALCULATION WORKSHEET; EXHIBIT "A"

IN THE DISTRICT COURT OF THE FIFTH CIRCUIT STATE OF HAWAI'I	
Plaintiff(s)	Reserved for Court Use
Defendant(s)	Civil No.
	Filing Party(ies)/Filing Party(ies)' Attorney (Name, Attorney Number, Firm Name (if applicable), Address, Telephone and Facsimile Numbers)

JUDGMENT DEBTOR(S)'S MOTION

FOR RETURN/RELEASE OF WAGES EXEMPT FROM GARNISHMENT

Filing Party(ies) moves this Court for an Order returning or releasing to the filing party all or a portion of wages which have been garnished because:

1. The amount garnished or withheld was excessive as the Federal Law State Law was more favorable to the filing party.
2. The Garnishee should have deducted \$ _____, rather than \$ _____ according to the Garnishment Calculation Worksheet, and a copy of applicable pay stub attached as Exhibit "A".
3. Duplicate receipts were not provided to the employer/garnishee as required by Hawai'i Revised Statutes Section 652-14/
4. Other (specify) _____

Date:	Signature of Judgment Debtor(s)/Declarant:
	Print/Type Name:

NOTICE OF HEARING

TO: _____

Please take notice that this Motion will be heard before the Presiding Judge of this Court in his/her Courtroom, at the address on the next page on _____. _____, 20 ____, at _____ a.m. or as soon thereafter as parties may be heard.



In accordance with the **Americans with Disabilities Act** if you require an accommodation for your disability, please contact the District Court Administration Office at PHONE NO. 482-2347, FAX 482-2509, OR TTY 482-2533 at least (10) working days in advance of your hearing or appointment date.

COURT ADDRESS:

Kaua'i Judiciary Complex
Courtroom #2
3970 Kā'ana Street
Līhu'e, Hawai'i

3970 Kā'ana Street, DC Civil, Suite 207, Līhu'e, Hawai'i 96766

CERTIFICATE OF SERVICE

I certify that a copy of this Motion was served at the last known address(es) of the Opposing Party(ies) or Opposing Party(ies)' attorney on _____ by Hand-delivery or Mail, Postage Prepaid, at the following address(ies): Judgment Creditor:
Employer/Garnishee

Date:	Signature of Filing Party(ies)/Filing Party(ies)' Attorney: Print/Type Name:
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RESPONSE TO MOTION/CERTIFICATE OF SERVICE

- I DO NOT OBJECT to this Motion.
- I DISAGREE with this Motion for the following reasons:
(Attache continuation page, if necessary).

I have read this Response, know the contents and verify that the statements are true to my personal knowledge and belief. **I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF HAWAII THAT THE ABOVE IS TRUE AND CORRECT.**

CERTIFICATE OF SERVICE

I certify that a copy of this Response was served at the last known address(es) of the Opposing Party(ies) or Opposing Party(ies)' attorney on _____ by Hand-delivery or Mail, Postage Prepaid, at the following address(ies): Judgment Creditor:
Employer/Garnishee

Date:	Signature of Respondent Party(ies)/Responding Party(ies)/ Attorney: Judge of the above-entitled Court
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