

**MOTION FOR DISCOVERY; DECLARATION;  
NOTICE OF MOTION; CERTIFICATE OF SERVICE**

<b>IN THE DISTRICT COURT OF THE FIFTH CIRCUIT STATE OF HAWAI‘I</b>	
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)
Trial Date:	Time:
<b>MOTION FOR DISCOVERY</b>	
Filing Party(ies) requests that this Motion be set for hearing on a date and time certain. This Motion is based on the Declaration below and is made pursuant to:	
<input type="checkbox"/> For Deposition (District Court Rules of Civil Procedure, Rules 30 and 31); or <input type="checkbox"/> For Documents And/Or Entry Upon Land For Inspection (District Court Rules of Civil Procedure, Rule 34); or <input type="checkbox"/> For Mental & Physical Examination (District Court Rules of Civil Procedure, Rule 35); or <input type="checkbox"/> To Compel Discovery (District Court Rules of Civil Procedure, Rule 37).	
<b>DECLARATION</b>	
I have read this Motion, known the contents and verify that the statements are true to my personal knowledge and belief. <b>I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF HAWAI‘I THAT THE FOLLOWING IS TRUE AND CORRECT:</b>	
1. I am the <input type="checkbox"/> Movant or <input type="checkbox"/> associated with Movant as _____	
2. The following are facts why the Motion should be granted (attach continuation page, if necessary):	
Date:	Signature of Declarant:  Print/Type Name:

**NOTICE OF MOTION**

TO: \_\_\_\_\_  
Please take notice that this Motion will be heard by the District Judge of the Court, in his/her Courtroom, at the address below:  
on \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_M., or as soon thereafter as parties may be heard.

**COURT ADDRESS**

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

Mailing address for the above Court: 3970 Kā'ana Street, DC Civil Division, 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(es)

Date:	Signature of Filing Party(ies)/Filing Party(ies)' Attorney
	Print/Type Name

**RESPONSE TO MOTION/CERTIFICATE OF SERVICE**

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

Reserved for Court Use

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 HAWAI'I 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(es)

Date:	Signature of Responding Party(ies)/Responding Party(ies)' Attorney
	Print/Type Name



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.