

RELEASE OF GARNISHEE; CERTIFICATE OF SERVICE

Form #5DC45

**IN THE DISTRICT COURT OF THE FIFTH CIRCUIT
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)

Name of Garnishee to be released:

Date Garnishee Order granted: (if none, date of Garnishee Summons)

RELEASE OF GARNISHEE

Judgment Creditor(s) requests that Garnishee, above named, be released from the above dated Garnishee Summons/Garnishee Order.

CERTIFICATE OF SERVICE

I certify that a copy of this Release was served at the last known address(es) of Garnishee(s) or Garnishee(s)' attorney listed below on _____ by Hand delivery or Mail, Postage Prepaid at the following address(es):

Signature of Declarant:

Date:

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.