

**PETITIONER'S MOTION TO SEAL
ADDRESS AND TELEPHONE NUMBER**

Form #2DC01

IN THE DISTRICT COURT OF THE SECOND CIRCUIT _____ DIVISION STATE OF HAWAI'I	
Plaintiff(s)	Reserved for Court Use Civil No. SS
Defendant(s)	Filing Party/Attorney Name, Attorney Number, Firm Name (if applicable), Address, Telephone and Fax Numbers (Petitioner - leave this box blank)

PETITIONER'S MOTION TO SEAL ADDRESS AND TELEPHONE NUMBER

DECLARATION

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOLLOWING IS TRUE AND CORRECT.

1. I am the Petitioner.
2. I am requesting that the Court seal my address and/or telephone number because **(state facts why you are making the request):**

Date:	Signature of Petitioner:
Date:	Print/Type Name(s):

Reserved for Court Use	COURT ORDER This motion is: <input type="checkbox"/> GRANTED <input type="checkbox"/> DENIED
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Date:	Judge:
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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. 244-2800, FAX 244-2849, or email adarequest@courts.hawaii.gov at least (10) working days before your preceeding, hearing, or appointment date. For Civil related matters, please call 244-2706 or visit the Service Center at 2145 Main Street, Room 141A, Wailuku, Hawai'i 96793.