

**IN THE DISTRICT COURT OF THE FIRST CIRCUIT  
DIVISION  
STATE OF HAWAII**

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)

**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, Form#1DC27C, and a copy of applicable pay stub attached as Exhibit "A".
3.  Other (specify) \_\_\_\_\_.

Date:

Signature of 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 checked on page 2 on \_\_\_\_\_, \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_ a.m. or as soon thereafter as parties may be heard.

**(continued on reverse side)**

**SEE AND USE PAGE 2 TO RESPOND TO MOTION**

**COURT ADDRESSES**

- Honolulu Division
- 'Ewa Division
- Ko'olaupoko OR Ko'olauloa Division
- Wahiawā OR Waialua Division
- Wai'anae Divison

1111 Alakea Street, 10<sup>th</sup> Floor, Honolulu, Hawai'i  
 870 Fourth Street, Pearl City, Hawai'i  
 45-939 Po'okela Street, Kāne'ohe, Hawai'i  
 1034 Kilani Avenue, Wahiawā, Hawai'i  
 4675 Kapolei Parkway, Kapolei, Hawai'i

**Mailing address** for the above Courts: **1111 Alakea Street, Civil Division, Third Floor, Honolulu, Hawai'i 96813**

**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 (date) \_\_\_\_\_ by  Hand-delivery or  Mail at the following address(es):  
 Judgment Creditor: \_\_\_\_\_ Employer/Garnishee \_\_\_\_\_

Signature of Filing Party(ies)/Filing Party(ies)' Attorney:

Date:

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:

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

**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 (date) \_\_\_\_\_ by  Hand-delivery or  Mail at the following address(es):  
 Judgment Creditor: \_\_\_\_\_ Employer/Garnishee \_\_\_\_\_

Date:

Signature of Responding Party(ies)/Responding Party(ies)' 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. 538-5121, FAX 538-5233, or TTY 539-4853 at least ten (10) working days before your proceeding, hearing or appointment date.

**For all Civil related matters, please call 538-5151 or visit the District Court Service Center at 1111 Alakea Street, Third (3<sup>rd</sup>) Floor.**