


STATE OF HAWAII CIRCUIT COURT OF THE CIRCUIT	CIVIL INFORMATION SHEET		
I (A). PLAINTIFF(S) Additional page(s) attached			
I (B). DEFENDANT(S) Additional page(s) attached			
II. (A). PLAINTIFF'S (S') ATTORNEY (NAME/NUMBER) Additional page(s) attached		II. (B). DEFENDANT'S (S') ATTORNEY (NAME/NUMBER) Additional page(s) attached	
III. NATURE OF SUIT Contract Motor Vehicle Tort Assault & Battery Construction Defects Medical Malpractice Legal Malpractice Product Liability Other Non-Vehicle Tort Condemnation Foreclosure Agreement of Sale Foreclosure Agency Appeal Declaratory Judgment Other Civil Action Environmental Court	IV. ORIGIN (A). Original Proceeding (B). Transfer from District Court CIV. NO. _____ (C). Transfer from another Circuit CIV. NO. _____		V. DEMAND _____
	VI. JURY DEMAND YES NO	VII. CLASS ACTION YES NO	VIII. REQUEST TO EXEMPT FROM ARBITRATION YES NO
	IX. RELATED CASE(S) JUDGE _____ CIVIL NUMBER _____ _____		
DATE	ATTORNEY NAME / PARTY NAME	SIGNATURE	
RESERVED FOR COURT USE CIVIL NO.			
 In accordance with the Americans with Disabilities Act, and other applicable state and federal laws, if you require a reasonable accommodation for a disability, please contact the ADA Coordinator at the Circuit Court Administration Office on OAHU- Phone No. 808-539-4400, TTY 808-539-4853, FAX 539-4402; MAUI- Phone No. 808-244-2929, FAX 808-244-2777; HAWAII- Phone No. 808-961-7424, TTY 808-961-7422, FAX 808-961-7411; KAUAI- Phone No. 808-482-2365, TTY 808-482-2533, FAX 808-482-2509, at least ten (10) working days prior to your hearing or appointment date.			

INSTRUCTIONS FOR COMPLETING THE CIVIL INFORMATION SHEET

The civil information sheet and the information it contains neither replace nor supplement the filings, the service pleadings or other documents as required by law, except as provided by the rules of court.

This form is required for the purpose of initiating the civil docket sheet.

Consequently, a civil information sheet is required for each civil complaint filed.

The attorney/party filing a civil complaint shall complete the form as follows:

I. PLAINTIFF(S)/DEFENDANT(S)

List names: last, first, middle initial.

If the plaintiff or defendant is a government agency, indicate the full name.

If the plaintiff or defendant is an official of a government agency, first indicate the agency name and then the official's name and title.

If the space provided is insufficient, attach additional page(s) and check the box so indicating.

II. PLAINTIFF'S(S)/DEFENDANT'S(S) ATTORNEY

Indicate the attorney name and license number.

If the space provided is insufficient, attach additional page(s) and check the box so indicating.

III. NATURE OF SUIT

Place a check mark in the appropriate box.

If more than one category applies, select the one category that best describes the action.

Do not select more than one category.

For cases arising under Hawaii Revised Statutes, section 604A-2, place a check mark in the Environmental Court box.

IV. ORIGIN

(A) Original Proceedings: cases originating in the circuit court.

(B) Transfer from District Court: cases transferred from district court under Haw. Rev. Stat. §§ 604-5 (Supp. 2006), 633-31 (1993).

(C) Transfer from another Circuit: cases transferred from another circuit under Haw. Rev. Stat. §§ 603-37, -37.5 (1993)

V. DEMAND

Indicate the remedy being demanded (e.g., damages, preliminary injunction, etc.)

VI. JURY DEMAND

Indicate whether a jury is being demanded.

VII. CLASS ACTION

Indicate whether the action is brought as a class action.

VIII. REQUEST TO EXEMPT FROM ARBITRATION

Indicate whether a "Request to Exempt from Arbitration" is filed.

IX. RELATED CASES

List the civil number and the assigned judge for related pending cases.

X. SIGNATURE OF ATTORNEY OR PARTY

Date and sign the civil information sheet