Defendant's Name	<u> </u>				_		
AddressCity, State, Zip Co	nde				_		
Telephone No							
IN	THE DIS			F THE Hawaiʻi DIVISIO		IRCUIT	
STATE OF HAWAI'I, vs. Defendant.)		Case ID/Citation No.:		
) DEFEN		DANT'S MOTION TO ERT FINE AND/OR		
		endant.)			RY ASSESSMENT	
I,assessment of \$	•	•				ne and/or monetary (Date)	
I request that the C	Court con			y assessment e work hours;			
		Jail (for cr	riminal co	onvictions ON	NLY).		
Dated:(C	ity)	, Hawaii	i,	(Date)			
				Signatu	re of Defen	dant	