

IN THE SUPREME COURT OF THE STATE OF HAWAII

In the Matter of
Forms for Use in the District Courts
of the State of Hawai'i

E.M. RIMANDO
CLERK, APPELLATE COURTS
STATE OF HAWAII

2006 DEC -7 AM 9:48

FILED

ORDER AMENDING FORMS

(By: Moon, C.J., Levinson, Nakayama, Acoba, and Duffy, JJ.)

IT IS HEREBY ORDERED that the attached forms are adopted for use in the District Courts of the State of Hawai'i, effective January 1, 2007. The forms replace prior forms bearing the same "DC" number.

IT IS FURTHER ORDERED, that the district courts are authorized to insert circuit identifiers, addresses and contact information; and to publish the forms in print or electronic format.

DATED: Honolulu, Hawai'i, December 7, 2006.

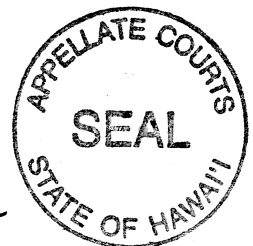
[Signature]

[Signature]

[Signature]

[Signature]

[Signature]



**NOTICE TO RECIPIENTS OF TEMPORARY AID TO
NEEDY FAMILIES - FEDERAL AND STATE [TANF];
NOTICE OF FUNDS EXEMPT FROM GARNISHMENT
UNDER LAW**

IN THE DISTRICT COURT OF THE CIRCUIT STATE OF HAWAII DIVISION	
Plaintiff(s)	Reserved for Court Use Civil No. Filing Party/Attorney Name, Attorney Number (if applicable), Address, Telephone and Fax Numbers
Defendant(s)	
Garnishee(s) (Name and Address)	

NOTICE TO RECIPIENTS OF TEMPORARY AID TO NEEDY FAMILIES - FEDERAL AND STATE [TANF]

A judgment has been entered against you which says that you owe \$ _____
 to _____ (Judgment Creditor).
 Because of that judgment, this Court has ordered _____ (Garnishee)
 to pay money from your checking/savings account(s) to Judgment Creditor. But, if any money in this account is payment from the Welfare
 Department under the Temporary Aid to Needy Families - Federal and State [TANF] Program, you can have this Order canceled or changed.
 Your creditors cannot take any money you received under the TANF Program.

NOTICE OF FUNDS EXEMPT FROM GARNISHMENT UNDER LAW

Your creditors cannot garnish funds you receive as unemployment or workers' compensation benefits or social security payments or pension
 and retirement plans. If the money in your checking/savings account(s) with the Garnishee named above is from any of these sources, you
 can stop garnishment of the funds in your account(s). You should contact your own attorney to advise and/or represent you, or you can
 contact the Judgment Creditor to find out when this matter is set for a court hearing so that you can appear at that hearing to explain to the
 Judge that some or all of the funds are exempt from garnishment.

Date:	Signature of Filing Party/Attorney:
	Print/Type Name:

In accordance with state and federal disability 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. _____, FAX _____, or TTY _____ at least ten (10)
working days before your proceeding, hearing, or appointment date.
For all Civil related matters, please call _____ or visit the District Court at _____

**DECLARATION REGARDING ATTORNEYS' FEES
AND COSTS; EXHIBITS**

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

DECLARATION REGARDING ATTORNEYS' FEES AND COSTS

I declare that I am the attorney for the prevailing party, and I request an award of attorneys' fees pursuant to Hawai'i Revised Statutes [check all that apply]:

- ☐ § 607-14 (assumpsit); ☐ § 666-14 (summary possession); ☐ § 514A-94 (condominium association);
☐ Other [specify statute] § _____.

The amount of the judgment (principal and interest) is anticipated to be \$_____.

I. ATTORNEY'S FEES (Select A or B)*

***PLEASE NOTE:** In addition to completing section A or B below, you **must** attach as Exhibit 1 an itemized report of the time spent on the action and to be spent to obtain a final written judgment, the hourly rates, a brief description of the work performed, and the total fees requested:

☐ **A. Fee Based on an Hourly Rate.**

I have expended and am likely to expend to obtain a final written judgment the following hours at the rate specified below.

Hours: _____ x Hourly Rate: \$ _____

Total Fees = \$ _____.

☐ **B. Fee Based on an Agreed-Upon Fee (Explain the fee agreement below).**

The attorney's fee incurred in this action is not based on an hourly rate. The agreed-upon fee is \$_____.

TOTAL FEES REQUESTED: \$ _____

DECLARATION REGARDING ATTORNEYS' FEES AND COSTS (continued)

II. OTHER COSTS

I request an award of costs for actual disbursements itemized below pursuant to Hawai'i Revised Statutes [check all that apply]:

☐ § 607-9; ☐ Other [specify statute]: § _____,

I have attached as Exhibit 2 true copies of invoices and/or receipts for the requested costs.

***PLEASE NOTE:** Do **not** include filing fees, service costs or mileage in your request for other costs. Such costs should be reflected on the Judgment form but do not require additional court approval.

<u>Item</u>	<u>Amount Requested</u>
-------------	-------------------------

TOTAL OTHER COSTS REQUESTED: \$ _____

I DECLARE UNDER PENALTY OF LAW THAT THE FOREGOING IS TRUE AND CORRECT.

Date:	Signature of Declarant: Print/Type Name:
-------	---

ORDER

Approved and so Ordered: **Attorney's Fees: \$ _____** **Other Costs: \$ _____**

Judge

In accordance with State and Federal disability 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. _____, FAX _____, or TTY _____ at least ten (10) working days before your proceeding, hearing, or appointment date.

For Civil-related matters, please call _____ or visit the District Court at _____

NOTE:

DECLARATION
REGARDING ATTORNEYS'
FEES AND COSTS
(FORM # DC02)

IS **NOT** REQUIRED FOR
FEES OF **\$500 OR LESS**
or FOR COSTS OF
FILING FEES, SERVICE
FEES AND MILEAGE

**UNLESS OTHERWISE
ORDERED BY THE COURT**

CERTIFICATE OF SERVICE

IN THE DISTRICT COURT OF THE _____ CIRCUIT
STATE OF HAWAII DIVISION

Plaintiff(s)

Reserved for Court Use

Civil No.

Defendant(s)

Filing Party/Attorney Name, Attorney Number (if applicable),
Address, Telephone and Fax Numbers

Name of Document(s) being Served and Filing Date of Document(s):

CERTIFICATE OF SERVICE

I certify that on (date): _____ I served the above-named document(s) on all parties or their attorney
by ☐ Hand-delivery or ☐ Mail, addressed as follows:

Date:

Signature of Filing Party/Attorney:

Print/Type Name:

In accordance with state and federal disability 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. _____, FAX _____, or TTY _____ at least ten (10)
working days before your proceeding, hearing or appointment date.

For all Civil related matters, please call _____ or visit the District Court at _____

**COMPLAINT (SUMMARY POSSESSION/
LANDLORD-TENANT; DAMAGES); DECLARATION;
EXHIBIT(S); SUMMONS**

<div>IN THE DISTRICT COURT OF THE STATE OF HAWAII</div> <div>CIRCUIT DIVISION</div>		
Plaintiff(s)		Reserved for Court Use
		Civil No.
Defendant(s)	Filing Party/Attorney Name, Attorney Number (if applicable), Address, Telephone and Fax Numbers	
Premises Address:		
<div>COMPLAINT</div> <div>1. This Court has jurisdiction over this matter and venue is proper.</div> <div>2. Plaintiff is the landlord or the agent for the landlord of the premises.</div> <div>3. The premises is located in this division of this Court.</div> <div>4. Defendant rents and/or is in possession of the premises and/or is a personal guarantor under the rental agreement of the premises.</div> <div>5. <input type="checkbox"/> There is a written rental agreement for the premises. A COPY OF THE WRITTEN RENTAL AGREEMENT FOR THE PREMISES (AND ANY AMENDMENTS TO THE RENTAL AGREEMENT) IS ATTACHED. <input type="checkbox"/> There is no written rental agreement for the premises, only an oral agreement. <input type="checkbox"/> There is an expired written rental agreement for the premises. A COPY OF THE WRITTEN RENTAL AGREEMENT (AND ANY AMENDMENTS TO THE RENTAL AGREEMENT) IS ATTACHED. Defendant is a month-to-month tenant.</div> <div>6. Defendant has broken the rental agreement because: <input type="checkbox"/> Unpaid rent \$ _____ <input type="checkbox"/> Other: _____</div> <div>7. Written notice was given to Defendant on (date): _____ to correct this situation as follows: <input type="checkbox"/> 5-day non-payment <input type="checkbox"/> 10-day non-monetary default <input type="checkbox"/> 45-day termination of month-to-month tenancy or <input type="checkbox"/> as specified in the rental agreement or statute(s). A COPY OF THE WRITTEN NOTICE IS ATTACHED.</div> <div>8. Despite the notice, Defendant has failed to correct this situation and is still in possession of the premises.</div>		

SEE PAGE 2

I certify that this is a full, true and correct copy of the original on file in this office.

Clerk, District Court of the above Circuit, State of Hawai‘i

COMPLAINT (continued)

9. As of (date): _____ Defendant(s) owed Plaintiff(s) \$ _____ for:

☐ Rent itemized as follows: _____

☐ Other: _____

Plaintiff is asking the Court for the following:

A. A Judgment giving Plaintiff possession of the premises.

B. A Writ of Possession directing the Sheriff or Police Officer to:

1. Remove Defendant from the premises and all persons possessing the premises through Defendant;
2. Remove from the premises all personal belongings of Defendant and of any other person; and
3. Put Plaintiff in possession of the premises.

C. Judgment against Defendant for \$ _____.

In addition, the Court may award additional rent and other charges owed under the rental agreement, damages, court costs, interest and reasonable attorney's fees.

Date:	Signature of Plaintiff/Attorney: Print/Type Name:
-------	--

DECLARATION

I DECLARE UNDER PENALTY OF LAW THAT WHAT IS STATED IN THE COMPLAINT IS TRUE AND CORRECT.

Date:	Signature of Declarant: Print/Type Name:
-------	---

In accordance with state and federal disability 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. _____, FAX _____, or TTY _____ at least ten (10) working days before your proceeding, hearing, or appointment date.

For Civil related matters, please call _____ or visit the District Court at _____

STIPULATION FOR CONTINUANCE

<p align="center">IN THE DISTRICT COURT OF THE CIRCUIT STATE OF HAWAI'I DIVISION</p>	
Plaintiff(s)	Reserved for Court Use
	Civil No.
Defendant(s)	Filing Party/Attorney Name, Attorney Number (if applicable), Address, Telephone and Fax Numbers

STIPULATION FOR CONTINUANCE

All appearing parties enter a **STIPULATION FOR CONTINUANCE** in this case for the following reason(s) (Attach additional pages, if necessary):

Prior Court Date: _____ Time: _____

Stipulated New Court Date: _____ Time: _____

Select One: ☐ Return ☐ Pre-Trial ☐ Trial ☐ Other (Specify): _____
(All appearing parties must sign below.)

Date:	Signature of Plaintiff/Attorney: Print/Type Name:
Date:	Signature of Defendant/Attorney: Print/Type Name:
Date:	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED Judge:

In accordance with state and federal disability 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. _____, FAX _____, or TTY _____ at least ten (10) working days before your proceeding, hearing, or appointment date.

For all Civil related matters, please call _____ or visit the District Court at _____

IN THE DISTRICT COURT OF THE CIRCUIT
STATE OF HAWAII DIVISION

Plaintiff(s)

Civil No. _____

Defendant(s)

**Filing Party/Attorney Name, Attorney Number (if applicable),
Address, Telephone and Fax Numbers**

☐ None ☐ Return ☐ Pre-Trial ☐ Trial ☐ Answer ☐ Disposition/Other (Specify): _____

Plaintiff and Defendant agree to the Entry of Dismissal in this case (select one) ☐ **WITH** or ☐ **WITHOUT** prejudice pursuant to District Court Rules of Civil Procedure, Rule 41(a)(1)(ii). This Stipulation for Dismissal is signed by all parties who have appeared in this action.

☐ Partial Dismissal as to Defendant _____

OR
☐ **DISMISSAL OF ALL CLAIMS.**

Print/Type Name:

Signature of Defendant/Attorney:

Print/Type Name:

For all Civil related matters, please call **or visit the District Court at**

**DECLARATION OF JUDGMENT CREDITOR FOR
GARNISHMENT OF WAGES; EXHIBIT(S); NOTICE TO
EMPLOYER OF JUDGMENT DEBTOR; GARNISHEE
INFORMATION**

IN THE DISTRICT COURT OF THE _____ CIRCUIT STATE OF HAWAII DIVISION	
Plaintiff(s)	Reserved for Court Use
	Civil No.
Defendant(s)	Filing Party/Attorney Name, Attorney Number (if applicable), Address, Telephone and Fax Numbers
Garnishee (Name and Address)	<u>Certified</u> copy of the Judgment attached as Exhibit A
	Current Amount Due: \$ _____ (If this amount is different from the Judgment Amount, please attach separate sheet showing calculations as Exhibit B)
Judgment Debtor(s):	Current Place of Employment:

DECLARATION

1. I am the Judgment Creditor or Judgment Creditor's attorney;
2. Judgment (a copy of which is attached as Exhibit A) was entered on the date shown on the Judgment for Judgment Creditor and against Judgment Debtor(s);
3. There is still due and owing ☐ the Judgment amount shown in Exhibit A or ☐ the Current Amount Due as evidenced by Exhibit B;
4. The Judgment has not been appealed (or if appealed, no bond has been filed), reversed, modified, set aside or satisfied except as stated above, and otherwise remains in full force and effect;
5. The Judgment Creditor is still the owner and holder of the Judgment;
6. Judgment Debtor is presently believed to be employed at the Current Place of Employment listed above; and
7. The Judgment has been in effect for at least 10 days.

I DECLARE UNDER PENALTY OF LAW THAT EVERYTHING IN THIS DECLARATION IS TRUE AND CORRECT.

Date:	Signature of Declarant:
	Print/Type Name:

SEE FEDERAL WAGE GARNISHMENT LAW FOR APPLICABLE RESTRICTIONS.
 (Attached form entitled "Garnishee Information")

SEE PAGE 2

NOTICE TO EMPLOYER OF JUDGMENT DEBTOR

The applicable law found in **Hawai'i Revised Statutes §652-1(b)** provides as follows:

“...the employer **shall** thereupon either file a disclosure within one week or **shall** withhold from the wages of the judgment debtor the amounts as [provided by this law] and pay the same to the judgment creditor.”

Prior to making the final payment, you should contact the Judgment Creditor or the Judgment Creditor's attorney to obtain the final payoff amount, that may include additional interest as allowed by law.

If you file a disclosure, send it to:

For additional information, please refer to Garnishee Information (Form # DC27)

In accordance with state and federal disability 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. , FAX , or TTY at least ten (10) working days before your proceeding, hearing, or appointment date.

For all Civil related matters, please call or visit the District Court at

GARNISHEE INFORMATION

1DC27 TWO SIDED FORM

NOTICE TO THE DEBTOR

PLEASE TAKE NOTICE that a garnishee summons has been served upon your employer (who is called the "garnishee") **without any further court proceedings or notice to you.** The garnishee summons was issued on the basis of a judgment against you in favor of the judgment creditor.

The amount of wages that may be garnished is limited by federal and Hawai'i law. Therefore, some or all of your wages are exempt from garnishment. If your wages are garnished, you may request that your employer show you how the amount garnished was calculated.

If you claim the garnishment is incorrect you also have a right to request a hearing. In order to request a hearing, you must follow the procedures set forth in the rules of this Court and in Hawai'i Revised Statutes Section 652-1(d).

NOTICE TO THE GARNISHEE

Wages of your employees may be subject to garnishment when you are served with an Ex Parte Motion for Issuance of Garnishee Summons After Judgment or an Affidavit of Judgment Creditor for Garnishment of Wages. If you are served with a Garnishee Summons, you, as the garnishee, are required to begin withholding immediately a part of your employee's wages (including any salary, stipend, commission, annuity or net income or portion of net income under a trust). The money you withhold must then be paid to the judgment creditor(s) (the person or business who is owed the money) or the judgment creditor(s)' attorney **after** you receive the garnishee order, which will be sent to you. If you are served with an Affidavit of Judgment Creditor(s), you must begin paying the required portion of the garnished wages to the judgment creditor(s) or the judgment creditor(s)' attorney immediately.

Making a Disclosure

State law allows, but does not require, you to make a disclosure after you are served. If you choose to make a disclosure, you may appear in Court or file with the Court a statement (form available from the Court) indicating whether the judgment debtor(s) is: (1) your employee; and (2) whether you have any money which is due to the judgment debtor(s) which can be garnished. *If you do not make a disclosure, it will be assumed that the judgment debtor is your employer and you will be required to comply with the Garnishee Summons and Order or the Affidavit of Judgment Creditor(s).*

Amounts To Be Withheld

The amount of wages that may be deducted is limited by federal and Hawai'i law. Therefore, you must calculate the amount of wages to be withheld in accordance with either federal or Hawai'i law. **IMPORTANT: YOU MUST USE THE CALCULATION THAT IS MOST FAVORABLE TO YOUR EMPLOYEE.** A Garnishment Calculation Worksheet is available from the Court if you need assistance with your calculation.

Calculation Pursuant to Hawai'i Law. According to Hawaii Revised Statutes Chapter 652, the amount to be withheld from your employee's wages is calculated as follows:

- (1) You must first calculate **the amount of wages remaining after the deduction of any amounts required by law to be withheld.**
- (2) From that amount, you must withhold five percent of the first \$100 per month, ten percent of the next \$100 per month, and twenty percent of all sums in excess of \$200 per month, or an equivalent portion of the above amount per week.

EFFECTIVE SEPTEMBER 1, 1997	Weekly	Bi-Weekly	Semi-Monthly	Monthly
Use Hawai'i garnishment formula if employee's income, after deductions, is equal to or greater than:	\$181.91	\$371.91	\$402.81	\$805.61

Calculation Pursuant to Federal Law: According to Title III of the Consumer Credit Protection Act (15 U.S.C. § 1673), the amount to be withheld from your employee's wages is calculated as follows:

- (1) You must first calculate your employee's **DISPOSABLE EARNINGS** for the applicable pay period. The term "**DISPOSABLE EARNINGS**" is defined as compensation paid or payable for personal services **after deducting any amounts required to be withheld by law** (such as taxes). The amount of Disposable Earnings subject to garnishment is determined by the restrictions which are in effect at the time such earnings are paid or payable.
- (2) From the **DISPOSABLE EARNINGS**, you must withhold an amount for the applicable pay period as follows:

EFFECTIVE SEPTEMBER 1, 1997

Weekly	Bi-Weekly	Semi-Monthly	Monthly
\$154.50 or less: None	\$309.00 or less: None	\$334.75 or less: None	\$669.49 or less: None
More than \$154.50 but less than \$206.00: Amount above \$154.50	More than \$309.00 but less than \$412.00: Amount above \$309.00	More than \$334.75 but less than \$446.33: Amount above \$334.75	More than \$669.49 but less than \$892.65: Amount above \$669.49
\$206.00 or more: Maximum 25%	\$412.00 or more: Maximum 25%	\$446.33 or more: Maximum 25%	\$892.65 or more: Maximum 25%

Example: Employee's gross pay is \$210 per week, \$165.78 "disposable" after taxes and other deductions required by law.

Hawai'i Calculation: The amount to be withheld under Hawai'i law is based on monthly disposable earnings of \$718.38 (\$165.78 x 52/12). Of this amount, 5% of the first \$100, 10% of the second \$100, and 20% of the remaining \$518.38, should be withheld monthly, for a total of \$118.68 per month.

Federal Calculation: The amount to be withheld weekly under federal law is either the amount of disposable earnings over \$154.50 (\$11.28), or 25% of disposable earnings if they are more than \$206, for a total of \$11.28 per week or \$48.89 per month.

Amount to be Withheld: Because the federal calculation is more favorable to the employee, \$48.89 per month must be withheld.

Example: Employee's gross pay is \$300 per week, \$227.20 "disposable" after taxes and other deductions required by law.

Hawai'i Calculation: The amount to be withheld under Hawai'i law is based on monthly disposable earnings of \$984.55 (\$227 x 52/12). Of this amount, 5% of the first \$100, 10% of the second \$100, and 20% of the remaining \$748.55, should be withheld monthly, for a total of \$171.99 per month.

Federal Calculation: The amount to be withheld weekly under federal law is **either** the amount of disposable earnings over \$154.50, or 25% of disposable earnings if they are more than \$206, for a total of \$56.80 per week or \$246.14 per month.

Amount to be Withheld: Because the Hawai'i calculation is more favorable to the employee, \$48.89 per month, or \$39.67 per week, must be withheld.

Other Information

The law prohibits an employer from discharging any employee because the employee's wages have been subjected to garnishment.

An employer's obligation to withhold is continuing. If there is a period where the employee has not earned sufficient income, you must begin to withhold again as soon as the earnings of your employee increase sufficiently.

Prior to making the final payment, you should contact the judgment creditor(s) or the judgment creditor(s)' attorney to obtain the final payoff amount which may include additional interest as allowed by law.

In accordance with State and Federal disability 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. , FAX , or TTY at least ten (10) working days before your proceeding, hearing or appointment date. **For Civil related matters, please call .**

JUDGMENT DEBTOR(S)'S MOTION	
FOR RETURN/RELEASE OF WAGES EXEMPT FROM GARNISHMENT	
<p>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:</p>	
<p>1. <input type="checkbox"/> The amount garnished or withheld was excessive as the <input type="checkbox"/> Federal Law <input type="checkbox"/> State Law was more favorable to the filing party.</p>	
<p>2. <input type="checkbox"/> The Garnishee should have deducted \$_____, rather than \$_____ according to the Garnishment Calculation Worksheet, and a copy of applicable pay stub attached as Exhibit "A".</p>	
<p>3. <input type="checkbox"/> Other (specify)_____.</p>	

Print Type Name: _____	<h2 style="margin: 0;">NOTICE OF HEARING</h2>
<p>TO: _____:</p> <p>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 _____, _____, 200____, at _____ a.m. or as soon thereafter as parties may be heard.</p> <p style="text-align: right;">(continued on reverse side)</p>	

Form# DC27B

COURT ADDRESS(ES)

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:

Reserved for Court Use

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 UNDER THE LAWS OF THE STATE OF HAWAI'I 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 state and federal disability 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. _____, FAX _____, or TTY _____ at least ten (10) working days before your proceeding, hearing or appointment date. **For Civil related matters, please call _____.**

IN THE DISTRICT COURT OF THE _____ CIRCUIT
DIVISION
STATE OF HAWAII

Garnishee

Date Garnishee Order Filed:

Judgment Creditor(s) moves this Court for issuance of an Order against Garnishee(s) named above, to show cause why **JUDGMENT** should not issue against Garnishee for the sum due under the Garnishee Order entered in this case for Garnishee having failed, refused and neglected to comply with the **GARNISHEE ORDER** granted and filed on the date listed above.

Date:

I declare as follows: A Motion For Issuance of Garnishee Summons and Order was served upon the Garnishee(s) and subsequently granted by the Court. A GARNISHEE ORDER signed by the Court was filed on the date listed above for the balance due and owing on the judgment. Garnishee has failed to comply with the Order. I am informed and believe that Defendant is employed by Garnishee(s), or Garnishee is in possession of funds belonging to Defendants.

Date:

Clerk, District Court of the above Circuit, State of Hawai'i

ORDER

TO GARNISHEE LISTED ON PAGE 1:

YOU ARE ORDERED TO APPEAR AT THE COURT DESIGNATED BELOW TO SHOW CAUSE, IF YOU HAVE ANY REASON, WHY JUDGMENT SHOULD NOT ISSUE AGAINST YOU FOR THE SUMS DUE UNDER THE GARNISHEE ORDER, TOGETHER WITH INTEREST AND COSTS INCURRED:

COURT DATES AND ADDRESSES:

THIS ORDER SHALL BE VOID AND OF NO EFFECT IF IT IS NOT SERVED WITHIN 6 MONTHS OF THE DATE OF THIS ORDER.

IF YOU DO NOT COME TO COURT AS ORDERED, YOU MAY BE ARRESTED FOR CONTEMPT OF COURT.

This Order shall not be personally delivered between 10:00 p.m. and 6:00 a.m. on premises not open to the public, unless a judge of the above-entitled court permits, in writing on this Order, personal delivery during those hours.

Date:

Judge of the above-entitled Court

In accordance with state and federal disability 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. , FAX , or TTY at least ten (10) working days before your proceeding, hearing or appointment date.

For all Civil related matters, please call . or visit the District Court at

JUDGMENT

IN THE DISTRICT COURT OF THE STATE OF HAWAII	CIRCUIT DIVISION
Plaintiff(s)	
Defendant(s)	

Reserved for Court Use

Civil No.

Filing Party/Attorney Name, Attorney Number (if applicable),
Address, Telephone and Fax Numbers**JUDGMENT**

JUDGMENT is entered in favor of ☐ Plaintiff _____ **or**
☐ Defendant _____, based on the following (check one):

- ☐ Confession ☐ Trial ☐ Stipulation
☐ Default: The Defendant having failed to plead or otherwise defend and a default having been entered upon proof that Defendant is indebted to Plaintiff.
☐ Other (Specify: _____)
☐ **DISMISSED AS TO (LIST DEFENDANTS):**

JUDGMENT

Principal Amount.....	\$ _____
Interest.....	\$ _____
Attorney's Fees.....	\$ _____
Filing Fees.....	\$ _____
Service Fees.....	\$ _____
Mileage for Service.....	\$ _____
Other Costs.....	\$ _____

TOTAL JUDGMENT AMOUNT..... \$ _____☐ Clerk ☐ Judge

I certify that this is a full, true and correct
copy of the original on file in this office.

Clerk, District Court of the above Circuit, State of Hawai'i

In accordance with State and Federal disability 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. _____, FAX _____, or TTY _____ at least ten (10) working days before your proceeding, hearing, or appointment date.

For all Civil related matters, please call _____ or visit the District Court at _____

IN THE DISTRICT COURT OF THE CIRCUIT STATE OF HAWAII DIVISION	
Plaintiff(s)	Reserved for Court Use
	Civil No.
Defendant(s)	Filing Party/Attorney Name, Attorney Name (if applicable), Address, Telephone and Fax Numbers
Premises Address:	Court Date Writ Was Ordered:
	Effective Date of Writ of Possession:
JUDGMENT FOR POSSESSION This cause having come before the Court on the Court Date above and proof having been shown to the satisfaction of the Court that Defendant continues to occupy the subject premises, Plaintiff is entitled to the possession of the subject premises; IT IS ORDERED, ADJUDGED, AND DECREED that Judgment for Possession for Plaintiff is entered as follows: 1. Plaintiff is entitled to possession of the premises listed above. 2. A WRIT OF POSSESSION against Defendant shall be issued upon presentation by Plaintiff to the Court in accordance with Hawaii's Revised Statutes § 666-11, and said Writ shall be effective as of the Effective Date for Writ of Possession specified above.	
Date:	Judge
In accordance with state and federal disability 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. , FAX , or TTY <u>at least ten (10) working days before</u> your proceeding, hearing, or appointment date. For all Civil related matters, please call or visit the District Court at	
	I certify that this is a full, true and correct copy of the original on file in this office. Clerk, District Court of the above Circuit, State of Hawaii'i

**MOTION TO DISMISS; DECLARATION;
NOTICE OF MOTION; CERTIFICATE OF SERVICE**

IN THE DISTRICT COURT OF THE _____ CIRCUIT
DIVISION
STATE OF HAWAII

Plaintiff(s)

Reserved for Court Use

Civil No.

Defendant(s)

Filing Party/Attorney Name, Attorney Number (if applicable),
Address, Telephone and Fax Numbers

MOTION TO DISMISS

Filing party requests that this Motion be set for hearing. This Motion is based on the District Court Rules of Civil Procedure,
Rule _____, and the Declaration below.

DECLARATION

1. I am ☐ the Movant or ☐ associated with the Movant as _____;
2. The following are facts why the Motion should be granted (Attach additional page(s), if necessary):

I DECLARE UNDER PENALTY OF LAW THAT WHAT I HAVE STATED IS TRUE AND CORRECT.

Date:

Signature of Declarant:

Print/Type Name:

SEE PAGE 2 FOR NOTICE AND TO RESPOND TO MOTION

NOTICE OF MOTION

TO _____:
Please take notice that this Motion will be heard by the District Judge of this Court, in his/her Courtroom, at the address below on
(Day): _____, (Date): _____ at (Time): _____, _____.m.
or as soon thereafter as parties may be heard.

COURT ADDRESSES

CERTIFICATE OF SERVICE

I certify that on (date): _____ I served a copy of this Motion on all parties or their attorneys by
☐ Hand-delivery or ☐ Mail, addressed as follows:

Date:

Signature of Filing Party/Attorney:

Print/Type Name:

RESPONSE TO THE MOTION/CERTIFICATE OF SERVICE

☐ I DO NOT OBJECT to this Motion.

☐ I DISAGREE with this Motion for the following reasons (Attach additional page(s), if necessary):

Reserved for Court Use

I DECLARE UNDER PENALTY OF LAW THAT WHAT I HAVE STATED IS TRUE AND CORRECT.

CERTIFICATE OF SERVICE

I certify that on (date): _____ I served a copy of this Response To The Motion on all parties or their attorneys by ☐ Hand-delivery or ☐ Mail, addressed as follows:

Date:

Signature of Responding Party/Attorney:

Print/Type Name:

In accordance with state and federal disability 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. _____, FAX _____, or TTY _____ at least ten (10) working days before your proceeding, hearing or appointment date.

For all Civil related matters, please call _____ or visit the District Court at _____

☐ PLAINTIFF(S)' / ☐ DEFENDANT(S)' NON-HEARING
MOTION ☐ TO / ☐ FOR

DECLARATION; NOTICE OF MOTION; CERTIFICATE
OF SERVICE

IN THE DISTRICT COURT OF THE _____ CIRCUIT STATE OF HAWAII DIVISION	
Plaintiff(s)	Reserved for Court Use
	Civil No.
Defendant(s)	Filing Party/Attorney Name, Attorney Number (if applicable), Address, Telephone and Fax Numbers

☐ PLAINTIFF(S)' / ☐ DEFENDANT(S)' NON-HEARING MOTION ☐ TO / ☐ FOR

Filing Party requests that this Motion be granted for the reasons stated in the Declaration below and is made pursuant to:

- ☐ Rules of the District Courts of the State of Hawai'i, Rule _____;
☐ District Court Rules of Civil Procedure, Rule _____;
☐ Rules of the Small Claims Division of the District Courts, Rule _____;
☐ Hawai'i Revised Statutes § _____.

DECLARATION

1. I am ☐ the Movant or ☐ associated with the Movant as _____;
2. The following are facts why the Motion should be granted (Attach additional page(s), if necessary):

I DECLARE UNDER PENALTY OF LAW WHAT I HAVE STATED IS TRUE AND CORRECT.

Date:	Signature of Declarant: Print/Type Name:
-------	---

NOTICE OF MOTION

TO: _____
Any response to this Motion must be in writing on page 2 of Form#1DC39 and filed with the Court no later than 10 days from the date shown on the Certificate of Service on page 2 of Form#1DC39 when the Motion is hand-delivered or 12 days when the Motion is mailed. Your written response can be delivered or mailed to the Court at _____.
IF NO RESPONSE IS RECEIVED BY THE COURT BY THE DATE SPECIFIED IN THIS NOTICE, THIS MOTION MAY BE GRANTED.

SEE AND USE PAGE 2 TO RESPOND TO MOTION

CERTIFICATE OF SERVICE

I certify that on (date): _____ I served a copy of this Motion on all parties or their attorneys by

☐ Hand-delivery or ☐ Mail, addressed as follows:

Signature of Filing Party/Attorney:

Date:

Print/Type Name:

RESPONSE TO THE MOTION/CERTIFICATE OF SERVICE

☐ **I DO NOT OBJECT** to this Motion.

☐ **I DISAGREE** with this Motion for the following reasons (Attach additional page(s), if necessary):

Reserved for Court Use

I DECLARE UNDER PENALTY OF LAW THAT WHAT I HAVE STATED IS TRUE AND CORRECT.

CERTIFICATE OF SERVICE

I certify that on (date): _____ I served a copy of this Response To The Motion on all parties or their attorneys by ☐ Hand-delivery or ☐ Mail, addressed as follows:

Signature of Responding Party/Attorney:

Date:

Print/Type Name:

Reserved for Court Use

COURT ORDER

This Motion is: ☐ **GRANTED** ☐ **DENIED**
☐ **PARTIALLY GRANTED** as follows:

Date:

Judge

In accordance with state and federal disability 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. _____, FAX _____, or TTY _____ at least ten (10) working days before your proceeding, hearing or appointment date.

For all Civil related matters, please call _____ or visit the District Court at _____

IN THE DISTRICT COURT OF THE CIRCUIT
STATE OF HAWAII DIVISION

Plaintiff(s)

Defendant(s)

Trial/Motion Judge:

DECLARATION	
1. I am <input type="checkbox"/> the Movant or <input type="checkbox"/> associated with the Movant as _____;	
2. The following are facts why the Motion should be granted (Attach additional page(s), if necessary): 	
I DECLARE UNDER PENALTY OF LAW THAT WHAT I HAVE STATED IS TRUE AND CORRECT.	

Motion for Reconsideration or New Trial
Form# DC41

NOTICE OF MOTION

TO _____:
Please take notice that this Motion will be heard by the District Judge of this Court, in his/her Courtroom, at the address below on
(Day): _____, (Date): _____ at (Time): _____, _____.m.
or as soon thereafter as parties may be heard.

COURT ADDRESSES

CERTIFICATE OF SERVICE

I certify that on (date): _____ I served a copy of this Motion on all parties or their attorneys by
☐ Hand-delivery or ☐ Mail, addressed as follows:

Date:

Signature of Filing Party/Attorney:

Print/Type Name:

RESPONSE TO THE MOTION/CERTIFICATE OF SERVICE

- ☐ **I DO NOT OBJECT** to this Motion.
- ☐ **I DISAGREE** with this Motion for the following reasons (Attach additional page(s), if necessary):

Reserved for Court Use

I DECLARE UNDER PENALTY OF LAW THAT WHAT I HAVE STATED IS TRUE AND CORRECT.

CERTIFICATE OF SERVICE

I certify that on (date): _____ I served a copy of this Response To The Motion on all parties or their attorneys by ☐ Hand-delivery or ☐ Mail, addressed as follows:

Date:

Signature of Responding Party/Attorney:

Print/Type Name:

In accordance with state and federal disability 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. _____, FAX _____, or TTY _____ at least ten (10) working days before your proceeding, hearing, or appointment date.

For all Civil related matters, please call _____ or visit the District Court at _____

WRIT OF POSSESSION	
IN THE DISTRICT COURT OF THE _____ CIRCUIT DIVISION STATE OF HAWAII	
Plaintiff(s)	Reserved for Court Use
	Civil No.
Defendant(s)	Filing Party/Attorney Name, Attorney Name (if applicable), Address, Telephone and Fax Numbers
Premises Address:	Court Date Writ Was Ordered:
	Effective Date of Writ of Possession:
WRIT OF POSSESSION	
THE STATE OF HAWAII:	
TO: The Director of Public Safety of the State of Hawai'i, his/her deputy or any police officer or other person authorized by the laws of the State of Hawai'i.	
Plaintiff(s) appeared on the Court Date above and obtained a Judgment For Summary Possession against Defendant(s), under the provisions of Hawai'i Revised Statutes §666-11, for the possession of the premises located at the address specified above.	
NOW, YOU ARE COMMANDED TO REMOVE Defendant(s) and all persons holding under or through him/her/them from the premises, including his/her/their personal belongings and properties, and to put Plaintiff(s) in full possession of the premises; and file the Writ with the completed execution information within 180 days from the date of this Writ, unless extended by order of this Court.	
Date:	Judge
SEE PAGE 2 FOR EXECUTION INFORMATION	I certify that this is a full, true and correct copy of the original on file in this office. _____ Clerk, District Court of the above Circuit, State of Hawai'i

I am duly authorized by Hawai'i law to serve this Writ and I executed this Writ on the following person(s):

at (location):

on (date): _____ 20__.

Signature of Serving Officer:

Date:

Print/Type Name:

In accordance with state and federal disability 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. _____, FAX _____, or TTY _____ at least ten (10) working days before your proceeding, hearing or appointment date.

For all Civil related matters, please call _____ or visit the District Court at _____