

2009 DEC 14 AM 9:37

FILED

IM BRANNO
CLERK APPELLATE COURTS
STATE OF HAWAII

In the Matter of
Forms for Use in the District Courts
of the State of Hawaii

ORDER ADOPTING FORMS

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

IT IS HEREBY ORDERED that the attached forms, #DC01, #DC05 (formerly #DC48A), #DC06 (formerly #DC48B), and #DC15, are adopted for use in the District Courts of the State of Hawaii, effective January 1, 2010.

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

DATED: Honolulu, Hawaii, December 14, 2009.

Puna A. Nakayama

Kenneth E. Duffy Jr.

Man E. Recktenwald

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

IN THE DISTRICT COURT OF THE _____ CIRCUIT _____ DIVISION STATE OF HAWAII	
Petitioner	Reserved for Court Use
Respondent	Civil No. SS 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 phone number because [state facts why you are making the request]:

Date:	Signature of Petitioner: Print/Type Name:
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Reserved for Court Use

COURT ORDER

This Motion is: **GRANTED** **DENIED**

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 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.

STATEMENT OF CLAIM AND NOTICE
[DISAGREEMENT ABOUT SECURITY DEPOSIT-RESIDENTIAL]

Form #_DC05

IN THE SMALL CLAIMS DIVISION OF THE DISTRICT
COURT OF THE _____ CIRCUIT
_____ DIVISION
STATE OF HAWAI'I

Plaintiff

Reserved for Court Use

Civil No.

Defendant

Filing Party Name, Address, Telephone and Fax Number

STATEMENT OF CLAIM

Plaintiff alleges as follows:

I am a resident of _____.

Since (date) _____, 20 ____, Defendant owes me the sum of \$ _____ for _____.

Defendant resides and/or does business at _____

_____ in the State of Hawai'i.

Plaintiff asks for judgment in the principal amount of \$ _____.

In addition, the Court may award court costs and interest. Where the Court determines that the landlord **WRONGFULLY** and **WILLFULLY** retained all or part of the security deposit, it **MAY** award the tenant damages equal to three times the security deposit retained, pursuant to Hawai'i Revised Statutes §521-44(h).

DECLARATION

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

Signature of Plaintiff:

Date:

Print/Type Name:

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

NOTICE

TO _____ :
This Statement of Claim will be heard by a Judge at the address checked below on

_____ 20__ at _____ m.

YOU MUST BE PRESENT ON THIS TRIAL DATE TO AVOID JUDGMENT BY DEFAULT.

COURT ADDRESS

Mailing address for the above Court:

If you have witnesses, or documents related to this claim, you should bring them with you to the trial.

If you wish to subpoena witnesses for trial, contact the clerk as soon as possible before trial.

You may not be represented by an attorney in the Small Claims Division for security deposit cases.

You have **NO RIGHT TO APPEAL** from a judgment of the Small Claims Division.

IF YOU DO NOT APPEAR AND DEFEND ON THE DATE AND TIME STATED ABOVE, A DEFAULT JUDGMENT MAY BE ENTERED AGAINST YOU FOR THE AMOUNTS REQUESTED IN THIS STATEMENT OF CLAIM.

Clerk

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



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. _____, FAX _____, or TTY _____ at least ten (10) working days before your proceeding, hearing, or appointment date.

IN THE SMALL CLAIMS DIVISION OF THE DISTRICT
COURT OF THE _____ CIRCUIT
_____ DIVISION
STATE OF HAWAI'I

Plaintiff

Reserved for Court Use

Civil No.

Defendant

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

STATEMENT OF CLAIM

Plaintiff alleges as follows:

I am a resident and/or do business at _____.

Since (date) _____, 20____, Defendant owes me the sum of \$ _____ for _____.

Defendant resides and/or does business at _____.

_____ in the State of Hawai'i.

Plaintiff asks for a judgment in the principal amount of \$ _____.

In addition, Plaintiff asks for an award of interest, costs and fees as deemed reasonable and allowed by the Court.

DECLARATION

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

Signature of Declarant:

Date:

Print/Type Name:

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

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NOTICE

TO: _____:

This Statement of Claim will be heard by a Judge at the address checked below on

_____ 20__ at _____ m.

YOU MUST BE PRESENT ON THIS TRIAL DATE TO AVOID JUDGMENT BY DEFAULT.

COURT ADDRESS

Mailing address for the above Court:

If you have witnesses, or documents related to this claim, you should bring them with you to the trial.

If you wish to subpoena witnesses for trial, contact the clerk as soon as possible before trial.

You may come with or without an attorney.

A Small Claims case cannot be transferred to the Regular Claims Division unless the plaintiff agrees to the transfer and the regular claims filing fee is paid to the court.

If a counterclaim is for more than \$5,000.00, either party may demand a jury trial, pay the jury demand fee, and the case will be transferred to the Circuit Court.

You have **NO RIGHT TO APPEAL** from the judgment of the Small Claims Division.

IF YOU DO NOT APPEAR AND DEFEND ON THE DATE AND TIME STATED ABOVE, A DEFAULT JUDGMENT MAY BE ENTERED AGAINST YOU FOR THE AMOUNTS REQUESTED IN THIS STATEMENT OF CLAIM.

Clerk

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



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. _____, FAX _____, or TTY _____ at least ten (10) working days before your proceeding, hearing, or appointment date.

PLAINTIFF'S / DEFENDANT'S EX PARTE
MOTION TO _____

IN THE DISTRICT COURT OF THE _____ CIRCUIT
_____ DIVISION
STATE OF HAWAI'I

Plaintiff

Reserved for Court Use

Civil No.

Defendant

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

PLAINTIFF'S / DEFENDANT'S EX PARTE MOTION TO

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

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

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

Signature of Declarant:

Print/Type Name:

Date:



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. _____, FAX _____, or TTY _____ at least ten (10) working days before your proceeding, hearing, or appointment date.

Reserved for Court Use

COURT ORDER

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

Date:

Judge