

**Electronically Filed  
Supreme Court  
SCRU-11-0000580  
03-AUG-2011  
08:50 AM**

IN THE SUPREME COURT OF THE STATE OF HAWAI'I

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In the Matter of the  
District Court Rules of Civil Procedure

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ORDER ADOPTING FORMS

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

IT IS HEREBY ORDERED that the attached Forms DC09, DC11, DC13, DC17, DC18, and DC33 are adopted for use in the District Courts of the State of Hawai'i, effective January 1, 2012, and appended to the District Court Rules of Civil Procedure. The forms replace the 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, August 3, 2011.

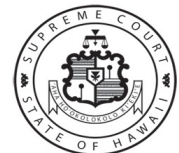
/s/ Mark E. Recktenwald

/s/ Paula A. Nakayama

/s/ Simeon R. Acoba, Jr.

/s/ James E. Duffy, Jr.

/s/ Sabrina S. McKenna



**COMPLAINT (PERSONAL INJURY/ PROPERTY DAMAGE);  
SUMMONS**

Form DC09

IN THE DISTRICT COURT OF THE \_\_\_\_\_ CIRCUIT  
\_\_\_\_\_ DIVISION  
STATE OF HAWAII

Plaintiff

Reserved for Court Use

Civil No.

Defendant

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

Date of Injury/Damage:

**COMPLAINT**

1. This Court has jurisdiction over this matter and venue is proper.
2. On or about the date of injury/damage stated above, defendant intentionally and/or negligently injured Plaintiff and/or damaged Plaintiff's property as follows: (state location of incident and briefly explain what happened)
3. As a result of the incident, Defendant caused the following damages:
  - Physical Injury (Do not state the dollar amount, but give a brief description of the injury):
  
  - Property Damage in the amount of \$ \_\_\_\_\_ (Describe the type of damage):
4. Defendant has refused to pay for Plaintiff's damages.
5. The Servicemembers Civil Relief Act, 50 U.S.C. App. § 501 may apply to a defendant who is classified active duty as defined in the Act. Please check all that apply.
  - To the best of my knowledge, the Defendant is not an active duty member of the US Military.
  - The following Defendant is an active duty member of the US Military. Name: \_\_\_\_\_.
  - I am unable to determine whether the Defendant is an active duty member of the US Military. Please attach a separate sheet indicating what attempt was made to determine Defendant's military status.
6. Plaintiff asks for judgment against defendant for the damages proved. In addition, the court may award court costs, interest and reasonable attorney's fees as allowed by statute.

Date:

Signature of Filing Party/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. \_\_\_\_\_, FAX \_\_\_\_\_, or TTY \_\_\_\_\_ at least ten (10) working days before your proceeding, hearing, or appointment date.

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 THE DISTRICT COURT OF THE \_\_\_\_\_ CIRCUIT  
\_\_\_\_\_ DIVISION  
STATE OF HAWAII**

Plaintiff

Reserved for Court Use

Civil No.

Defendant

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

**NON-HEARING MOTION FOR CONTINUANCE**

Answer  Returnable (Summary Possession cases)

Hearing-Type of Motion: \_\_\_\_\_

Trial  Pre-Trial  Other-Specify: \_\_\_\_\_

The Filing Party requests that this Motion be granted for the reasons stated in the Declaration below.

**DECLARATION**

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:** that Filing Party wishes to continue this proceeding to the date and for the reason stated below.  I have contacted the Opposing Party or their attorney and they will not agree to the continuance, or  I have tried several times to contact them by telephone and/or mail and they have not returned my calls or answered my letters. Explain why you will not be available and want this continuance: (Attach continuation page, if necessary).

Old Date/Time: \_\_\_\_\_ New Date/Time: \_\_\_\_\_ No. of Prior Continuances: \_\_\_\_\_

**NOTICE OF MOTION**

TO: \_\_\_\_\_:

**NOTICE IS GIVEN** that the undersigned has filed this Motion. Any response to this Motion must be in writing on the reverse side and filed with the Court no later than 5 days from the date shown on the Certificate of Service when the Motion is hand-delivered or 7 days excluding Saturday, Sunday, furlough and legal holidays 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 DATES SPECIFIED IN THIS NOTICE, THIS MOTION MAY BE GRANTED.**

Signature of Declarant/Attorney:

Date:

Print/Type Name:

**SEE AND USE REVERSE SIDE TO RESPOND TO MOTION**

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

\_\_\_\_\_  
Clerk, District Court of the above Circuit, State of Hawaii

**CERTIFICATE OF SERVICE**

I certify that I served a copy of this Motion to the Opposing Party or Opposing Party's attorney on (date)\_\_\_\_\_ by  
 Hand-delivery or  Mail, addressed as follows:

Signature of Filing Party/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:  
 (Attach continuation page, if necessary).

Reserved for Court Use

I have read this Response, know the contents and verify that the statements are true to my personal knowledge and belief. **I DECLARE UNDER PENALTY OF PERJURY THAT WHAT I HAVE STATED IS TRUE AND CORRECT.**

**CERTIFICATE OF SERVICE**

I certify that I served a copy of this Response to the Filing Party or Filing Party's attorney on (date)\_\_\_\_\_ by  
 Hand-delivery or  Mail, addressed as follows:

Signature of Opposing Party/Attorney:

Date:

Print/Type Name:

**Reserved for Court Use**

**COURT ORDER**

- This Motion is granted and you must appear at the new date and time stated in the Declaration on the reverse side.
- This Motion is denied and you must appear at the old date and time stated in the Declaration on the reverse side.
- This Motion is partially granted and you must appear at \_\_\_\_\_ .m. on \_\_\_\_\_ for

- ANSWER
- RETURNABLE
- TRIAL
- HEARING ON MOTION
- PRE-TRIAL
- OTHER- \_\_\_\_\_

Date:

Judge



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.

**REQUEST FOR RELIEF FROM COURT COSTS;  
DECLARATION; ORDER**

Form DC13

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 or Email

Check if you are an attorney representing the filing party *pro bono*

**REQUEST FOR RELIEF FROM COURT FILING FEES**

Pursuant to Hawai'i Revised Statutes §607-3, the filing party in this case asks the court to waive the prepayment of court filing fees as set forth in Hawai'i Revised Statutes §607-4(b) because he or she is unable to pay such costs and provide for his or her necessities in life.

Please answer the following questions:

1. Are you currently employed? Yes  No

a. If the answer is Yes,

- ▶ State the amount of your monthly salary/wages: \$ \_\_\_\_\_
- ▶ Name and address of your employer: \_\_\_\_\_  
\_\_\_\_\_

b. If the answer is No,

- ▶ State the date you were last employed: \_\_\_\_\_
- ▶ Name and address of your former employer: \_\_\_\_\_  
\_\_\_\_\_

2. Do you rent  or own  your home?

- ▶ State the amount of your monthly rent/mortgage payment: \$ \_\_\_\_\_
- ▶ If you rent, do you receive any rent assistance? (Section 8) Yes  No

3. Do you own any real estate other than your home?

- Yes  No   
If the answer is Yes, state the total value: \$ \_\_\_\_\_

4. Do you have any money in any bank account? (Include any funds in prison accounts.)

- Yes  No   
If the answer is Yes, state the total amount: \$ \_\_\_\_\_

(continued on page 2)

SEE PAGE 2

**REQUEST FOR RELIEF FROM COURT FILING FEES (continued)**

5. Do you own any motor vehicles?

Yes  No

6. Do you receive any of the following (check all that apply)?:

- Social Security payments (e.g. SSI or SSDI) or Retirement?
- Supplemental Nutrition Assistance Program (SNAP)
- Temporary Aid to Needy Families (TANF) [formerly AFDC]
- Food Stamps (GA)

7. List any persons who depend upon you for financial support. State your relationship to those persons and state how much you contribute to their support.

8. Do you have any other sources of income not listed above?

Yes  No

If the answer is Yes, describe what other income you receive.

**DECLARATION**

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

Signature of Filing Party/Attorney:

Date:

Print/Type Name:

(Reserved For Court Use)

**ORDER**

Having reviewed the request for relief from costs the court :

This request is **GRANTED** court filing fees are waived.

The request is **DENIED**.

Date:

Judge



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 DISTRICT COURT OF THE \_\_\_\_ CIRCUIT  
 \_\_\_\_\_ DIVISION  
 STATE OF HAWAII**

Plaintiff

Reserved for Court Use  
 Civil No.

Defendant

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

Against Defendant: Name(s)

**EX PARTE MOTION FOR DEFAULT JUDGMENT**

Plaintiff moves for an Order Granting Default Judgment against Defendant on the grounds that Defendant has failed to answer, appear or otherwise defend, and the time to otherwise move or plead has expired and has been extended in this action.

This Motion is made pursuant to District Court Rules of Civil Procedure, Rule 55(b)(2), and is based upon the attached Declaration, Exhibits 1 through \_\_\_\_\_, and the records and files herein.

Date:

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

**DECLARATION**

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:**

1. I am  Plaintiff or  associated with Plaintiff as \_\_\_\_\_ and submit this based upon the personal knowledge and information from the business records maintained in the ordinary course of business and from entries made therein at or near the time of the events so recorded.
2. The following facts show why Defendant owes the unpaid amounts requested by the Plaintiff. (Attach continuation sheet if necessary).
  
3. Attached as Exhibits 1 through \_\_\_\_\_ are correct copies of the documents in support of Plaintiff's claims for judgment.
4. Based upon my experience as \_\_\_\_\_, the amount claimed by Plaintiff are fair and reasonable.
5. Defendant is not in the military service of the United States as defined by the Servicemembers Civil Relief Act.

Date:

Signature of Declarant:  
 Print/Type Name:

**COURT ORDER**

This Motion is granted. Default Judgment in favor of Plaintiff and against Defendant shall enter as follows:

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

Date:

Judge



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.

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

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



**IN THE DISTRICT COURT OF THE \_\_\_\_\_ CIRCUIT  
 \_\_\_\_\_ DIVISION  
 STATE OF HAWAII**

Plaintiff

Reserved for Court Use

Civil No.

Defendant

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

If not against all Defendants only the following:

**NON-HEARING MOTION FOR DEFAULT JUDGMENT**

Plaintiff moves for an Order Granting Default Judgment against Defendant on the grounds that Defendant failed to appear or otherwise  Pre-Trial conference  Trial or to otherwise defend, and the time to otherwise move or plead has expired and has not been extended in this action. This Motion is made pursuant to District Court Rules of Civil Procedure, Rule 55(b)(2), and is based upon the attached Declaration, Exhibits 1 through \_\_\_\_\_ and the records and files herein.

Date:

Signature of Filing Party/Attorney:

Print/Type Name:

**DECLARATION**

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:**

1. I am  Plaintiff or  associated with Plaintiff(s) as \_\_\_\_\_, and submit this based upon personal knowledge and information from business records which are maintained in the ordinary course of business and from entries made therein at or near the time of the events so recorded.
2. The following facts show why defendant owes the unpaid amounts requested by Plaintiff. (Attach continuation sheet if necessary).
  
3. Attached as Exhibits 1 through \_\_\_\_\_ are copies of the documents in support of Plaintiff's claims for judgment.
4. Based upon my experience as \_\_\_\_\_, the amount claimed by Plaintiff is fair and reasonable.
5. Defendant is not in the military service of the United States as defined by the Servicemembers Civil Relief Act.

Date:

Signature of Declarant:

Print/Type Name:

**NOTICE OF MOTION**

TO: \_\_\_\_\_:

**NOTICE IS GIVEN** that the undersigned has filed this Motion. Any response to this Motion must be in writing on the space provided below (attach separate page if more space is needed) and filed with the Court no later than 10 days from the date shown on the Certificate of Service below 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 DATES SPECIFIED IN THIS NOTICE, THIS MOTION MAY BE GRANTED.**

**CERTIFICATE OF SERVICE**

I certify that I served a copy of this Motion to the Opposing Party or Opposing Party's attorney on (date)\_\_\_\_\_ by  
 Hand-delivery or  Mail, addressed as follows:

Signature of Filing Party/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 Response, know the contents and verify that the statements are true to my personal knowledge and belief. **I DECLARE UNDER PENALTY OF PERJURY THAT WHAT I HAVE STATED IS TRUE AND CORRECT.**

Signature of Respondent Party/Attorney:

Date:

Print/Type Name:

**CERTIFICATE OF SERVICE**

I certify that I served a copy of this Motion to the Filing Party or Filing Party's attorney on (date)\_\_\_\_\_ by  
 Hand-delivery or  Mail, addressed as follows:

Signature of Opposing Party/Attorney:

Date:

Print/Type Name:

**COURT ORDER**

This Motion is granted. Default Judgment in favor of Plaintiff and against Defendant shall enter as follows:

Principal Amount..... \$ \_\_\_\_\_  
Interest..... \$ \_\_\_\_\_  
Attorney's Fees..... \$ \_\_\_\_\_  
Filing Fee..... \$ \_\_\_\_\_  
Service Fee..... \$ \_\_\_\_\_  
Mileage for Service..... \$ \_\_\_\_\_  
Other Costs..... \$ \_\_\_\_\_  
Total Default Judgment Amount..... \$ \_\_\_\_\_

Date:

Judge



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.

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

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

**DECLARATION ON GARNISHEE TRANSFER; EXHIBIT(S)  
 NOTICE TO EMPLOYER OF JUDGMENT DEBTOR;  
 GARNISHEE INFORMATION**

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 or Email
Garnishee (Name and Address)	Certified 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)
Former Employer:	Current Employer:

**DECLARATION ON GARNISHEE TRANSFER**

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

1. I am the Judgment Creditor or Judgment Creditor's attorney;
2. The Judgment (a **certified** copy of which is attached as Exhibit A) was entered on the date shown on the Judgment for Judgment Creditor and against Judgment Debtor;
3. There is still due and owing;
  - the amount shown in the copy of the Judgment attached as Exhibit A or
  - the amount shown in the attached Exhibit B;

**(continued on reverse side)**

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

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

**DECLARATION ON GARNISHEE TRANSFER (continued)**

- 4. The Judgment has not been appealed (or if appealed, no bond has been filed), reversed, modified, set aside or satisfied except as aforesaid and otherwise remains in full force and effect; and
- 5. The Judgment Creditor is still the owner and holder of the Judgment.
- 6. Judgment Debtor has left the employment of the Former Employer listed and is now believed to be in the employment of the Current Employer listed.
- 7. A Garnishee Order has been granted against the Former Employer of Judgment Debtor listed.

Signature of Declarant:

Date

Print/Type Name:

**NOTICE TO EMPLOYER OF JUDGMENT DEBTOR(S)**

PURSUANT TO HAWAII REVISED STATUTES §652-5, YOU ARE REQUIRED TO WITHHOLD IN AMOUNTS CONSISTENT WITH RATES PROVIDED FOR BY LAW, A PERCENTAGE OF THE JUDGMENT DEBTOR'S WAGES (INCLUDING ANY SALARY, STIPEND, COMMISSIONS, ANNUITY OR NET INCOME OR PORTION OF NET INCOME UNDER A TRUST), COMMISSIONS AND COMPENSATION AND PAY THESE FROM WEEK TO WEEK OR MONTH TO MONTH TO THE JUDGMENT CREDITOR UNTIL ALL SUMS DUE UNDER THE JUDGMENT ARE PAID.



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.