STATE OI CIRCUIT CO THIRD (	URT OF THE	RETURN A	AND ACKNOWLEDGMENT OF SERVICE	CASE NUMBER	
DOCUMENTS	S SERVED:				
listed above an	d that I served the s	ame on	o hereby certify that I received a (name of par at at within	ty)	
☐ PERSONA	L: By delivering to	(address)	h		
SUBSTITUTE: [HRCP 4(d) (1) (A)] After due and diligent search and inquiry, I served above-named defendant through					
SUBSTITUTE: [HRCP 4(d) (1) (B)] I served above-named defendant through, authorized agent to receive service of process for said defendant.					
BUSINESS	BUSINESS/CORPORATION/GOVERNMENTAL ENTITY: On				
(postition/title) of said Business/Corporation/Governmental Entity.					
GARNISH	MENT: I served _ (name of person served		(name of garnishee) who is authorized to accept service	through for the above-named garnishee.	
NOT FOUND: After due and diligent search and inquiry, I am unable to find (name of party)					
	. No., Address, Phone				
Date:	Sheriff/Police Office	r (type or print)	Signature		

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 at PHONE NO. 961-7440, FAX 961-7416, or TTY 961-7525 at least ten (10) working days prior to your hearing or appointment date.

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE:	NOTARY PUBLIC'S SIGNATURE:	MY COMMISSION EXPIRE
ĪN, HAWAIʻI	STATE OF HAWAI'I	
<u> </u>	ACKNOWLEDGMENT OF SERVICE	
(signature of person serve	ed) (date)	(time)
(signature of person serve	(date)	(time)