

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

Plaintiff

Reserved for Court Use

Civil No.

Defendant

Defendant/Defendant's Attorney Name, Attorney Number, Firm Name (if applicable), Address, Telephone number

COUNTERCLAIM

1. On or about _____, Plaintiff owed money to Defendant as follows:
 (Attach continuation page, if necessary).

2. Defendant asks for judgment against Plaintiff in the sum of \$ _____.
 In addition, the court may award court costs, interest and reasonable attorney's fees.

CERTIFICATE OF SERVICE


I certify that a copy of this Counterclaim was served on the Opposing Party or their attorney on (date) _____
 by Hand-delivery or Mail at the following address:

Date:	Signature of Defendant/Defendant's Attorney:
	Print/Type Name:

DECLARATION

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

Date:	Signature of Declarant:
	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 Disability Accommodations Coordinator at PHONE NO. (808) 961-7629, FAX (808) 961-7577, or email adarequest@courts.hawaii.gov 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 Civil Section at Hilo Division, 777 Kilauea Avenue, Hilo, Ph. (808) 961-7515 • Kohala Division, 67-5187 Kamamalu St., Kamuela, Ph. (808) 443-2030 • Kona Division, 79-1020 Haukapila St., Kealahou, Ph. (808) 322-8700.**

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