

**JUDGMENT DEBTOR'S MOTION FOR RETURN/RELEASE
OF WAGES EXEMPT FROM GARNISHMENT;
NOTICE OF MOTION; CERTIFICATE OF SERVICE;
GARNISHMENT CALCULATION WORKSHEET; EXHIBIT "A"**

TWO-SIDED FORM
Form # 3DC27B

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

JUDGMENT DEBTOR(S)'S MOTION

FOR RETURN/RELEASE OF WAGES EXEMPT FROM GARNISHMENT

Filing Party moves this Court for an Order returning or releasing to the filing party all or a portion of wages which have been garnished because:

1. The amount garnished or withheld was excessive as the Federal Law State Law was more favorable to the filing party.
2. The Garnishee should have deducted \$ _____, rather than \$ _____ according to the Garnishment Calculation Worksheet, Form# DC27C, and a copy of applicable pay stub attached as Exhibit "A".
3. Other (specify) _____.

Date:	Signature of Declarant:
	Print/Type Name:

NOTICE OF HEARING

TO: _____:

Please take notice that this Motion will be heard before the Presiding Judge of this Court in the Courtroom, at the address checked on page 2 on _____, _____, 20____, at _____ a.m. or as soon thereafter as parties may be heard.

(continued on reverse side)

SEE AND USE PAGE 2 TO RESPOND TO MOTION

COURT ADDRESS(ES):

- North & South Hilo Division,
- Puna Division,
- North & South Kona Division
- Ka'ū Division
- South Kohala Division
- Hāmākua Division
- North Kohala Division

777 Kīlauea Avenue, 2nd Floor, Hilo, Hawai'i
 777 Kīlauea Avenue, 2nd Floor, Hilo, Hawai'i
 74-5451 Kamaka'eha Ave., Kailua-Kona, Hawai'i
 74-5451 Kamaka'eha Ave., Kailua-Kona, Hawai'i
 67-5187 Kamāmalu St., Kamuela, Hawai'i
 67-5187 Kamāmalu St., Kamuela, Hawai'i
 67-5187 Kamāmalu St., Kamuela, Hawai'i

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:
 Judgment Creditor: _____ Employer/Garnishee

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 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:**

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:
 Judgment Creditor: _____ Employer/Garnishee

Date:

Signature of Responding Party/Attorney:

Print/Type Name:

Americans with Disabilities Act Notice



If you need an accommodation for a disability when participating in a court program, service or activity, please contact the ADA Coordinator as soon as possible to allow the court time to provide an accommodation:

- Call (808) 961-7629, FAX (808) 961-7577, or
- Send an email to adarequest@courts.hawaii.gov

The court will try to provide, but cannot guarantee, your requested auxiliary aid, service or accommodation.

For Civil related matters, please call or visit the District Court Civil Section at Hilo Division, 777 Kīlauea Ave., Hilo, Ph. (808) 961-7515 • South Kohala Division, 67-5187 Kamāmalu St., Kamuela, Ph. (808) 443-2030 • Kona Division, 74-5451 Kamaka'eha Ave., Kailua-Kona, Ph. (808) 322-8703