

PLAINTIFF DEFENDANT MOTION

TWO-SIDED FORM

TO FOR _____;

Form #3DC38

DECLARATION; NOTICE OF MOTION; CERTIFICATE OF SERVICE

IN THE DISTRICT COURT OF THE THIRD 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 Number and Email

PLAINTIFF DEFENDANT MOTION

TO FOR _____

Filing Party requests that this Motion be set for hearing on a date and time certain. This Motion is based on 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 _____; or
- Hawai'i Revised Statutes § _____.

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 UNDER THE LAWS OF THE STATE OF HAWAI'I THAT THE FOLLOWING IS TRUE AND CORRECT:**

1. I am the Movant or associated with Movant as _____;
2. The following are facts why Motion should be granted (attach continuation sheet, if necessary);

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 the reverse side on _____, _____, 20____, at _____ a.m. or as soon thereafter as parties may be heard.

(continued on reverse side)

COURT ADDRESSES

- 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

Mailing address for the above Courts: 777 Kīlauea Avenue, 2nd Floor, Hilo, Hawai'i 96720; 74-5451 Kamaka'eha Ave., Kailua-Kona, Hawai'i 96740; 67-5187 Kamāmalu St., Kamuela, Hawai'i 96743

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:

Date:	Signature of Filing Party/Attorney:
	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 UNDER THE LAWS OF THE STATE OF HAWAII THAT THE ABOVE 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:

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.