

**MOTION FOR RECONSIDERATION OR NEW TRIAL;
 DECLARATION; NOTICE OF MOTION; CERTIFICATE
 OF SERVICE**

IN THE DISTRICT COURT OF THE THIRD CIRCUIT _____ DIVISION STATE OF HAWAII	
Plaintiff	Reserved for Court Use Civil No.
Defendant	Filing Party/Attorney Name, Attorney Number (if applicable), Address, Telephone Number and Email
Trial/Motion Judge:	
MOTION FOR RECONSIDERATION OR NEW TRIAL	
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: <input type="checkbox"/> District Court Rules of Civil Procedure, Rule _____; <input type="checkbox"/> New trial under District Court Rules of Civil Procedure, Rule 59.	
DECLARATION	
1. I am <input type="checkbox"/> the Movant or <input type="checkbox"/> associated with the Movant as _____;	
2. The following are facts why the Motion should be granted (Attach additional page(s), if necessary):	
I DECLARE UNDER PENALTY OF LAW THAT WHAT I HAVE STATED IS TRUE AND CORRECT.	
Date:	Signature of Declarant: Print/Type Name:

SEE PAGE 2 FOR NOTICE OF MOTION AND TO RESPOND TO THE MOTION

NOTICE OF MOTION

TO _____:
Please take notice that this Motion will be heard by the District Judge of this Court, in the Courtroom, at the address below on (Day): _____, (Date): _____ at (Time): _____, _____.m. or as soon thereafter as parties may be heard.

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

COURT ADDRESSES

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:

Signature of Filing Party/Attorney:

Date:

Print/Type Name:

RESPONSE TO THE MOTION/CERTIFICATE OF SERVICE

- I DO NOT OBJECT** to this Motion.
- I DISAGREE** with this Motion for the following reasons (Attach additional page(s), if necessary):

Reserved for Court Use

I DECLARE UNDER PENALTY OF LAW THAT WHAT I HAVE STATED 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:

Signature of Responding Party/Attorney:

Date:

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.