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| STATE OF HAWAI'I CIRCUIT COURT FIFTH CIRCUIT | SUBPOENA NOTICE TO APPEAR IN COURT <input type="checkbox"/> SUBPOENA DUCES TECUM | CASE NUMBER - - |
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| PLAINTIFF | DEFENDANT |
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| THE STATE OF HAWAI'I TO: NAME AND ADDRESS <p>YOU ARE COMMANDED as indicated below to testify on behalf of the <input type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT</p> <p><input type="checkbox"/> You are further ordered to bring with you the items listed in the comments section on the right.</p> | COMMENTS: ATTACH CONTINUATION PAGE IF NEEDED |
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|---|----------------------------------|
| DATE: | TIME: : A.M. P.M. |
| LOCATION: FIFTH JUDICIAL CIRCUIT 3970 Kā'ana Street, Līhu'e, HI 96766 | COURTROOM # |
| JUDGE | |

DISOBEDIENCE OF THIS SUBPOENA MAY BE PUNISHED AS CONTEMPT BY THIS COURT.

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| DATE ISSUED | CLERK |
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RETURN OF SERVICE

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| SERVICE WAS MADE AT: | DATE | TIME | PLACE |
| | | | |

Comments: I served the above named person.
 I served this subpoena on another individual. (explain)

| | | |
|------|------------------------------|-----------|
| DATE | TYPE OR PRINT NAME OF SERVER | 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. 482-2314, FAX 482-2553, or TTY 482-2533 at least ten (10) working days prior to your hearing or appointment date.