

STIPULATION FOR CONTINUANCE

IN THE DISTRICT COURT OF THE FIFTH CIRCUIT STATE OF HAWAII	
Plaintiff(s)	Reserved for Court Use Civil No.
Defendant(s)	Filing Party(ies)/Filing Party(ies)' Attorney (Name, Attorney Number, Firm Name (if applicable), Address, Telephone and Facsimile Numbers)
Court Date & Time (if any): <input type="checkbox"/> Return <input type="checkbox"/> Pre-Trial <input type="checkbox"/> None	<input type="checkbox"/> Trial <input type="checkbox"/> Other: _____

STIPULATION FOR CONTINUANCE

All appearing parties enter a STIPULATION FOR CONTINUANCE in the above-entitled matter for the following reason(s):
(Attach continuation page, if necessary).

By signing this document, we acknowledge that if approved, the new court date is:

Date: _____ Time: _____ a.m. or p.m. Return Pre-Trial Other: _____

(All appearing parties must sign below.)

Date:	Signature of Plaintiff(s)/Plaintiff(s)' Attorney: Print/Type Name:
Date:	Signature of Defendant(s)/Defendant(s)' Attorney: Print/Type Name:
Date:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied Judge of the above-entitled Court



In accordance with the **Americans with Disabilities Act** if you require an accommodation for your disability, please contact the District Court Administration Office at PHONE NO. 482-2347, FAX 482-2509, OR TTY 482-2533 at least (10) working days in advance of your hearing or appointment date.