

**IN THE DISTRICT COURT OF THE SECOND 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, and Telephone Number

**COMPLAINT  
FOR RETURN OF PERSONAL PROPERTY (REPLEVIN)**

1. This Court has jurisdiction over this matter and venue is proper.
2. Plaintiff seeks the following relief: [check box that applies]
  - Return of personal property that is **NOT** leased or rented. (Common law replevin; Hawai‘i Revised Statutes §604-5(a))
  - Return of leased or rented personal property valued at \$5,000 or less. (Hawai‘i Revised Statutes §604-6.1)
  - Replevin pursuant to the Uniform Commercial Code. Plaintiff is the  Buyer or  Lessee of goods identified in a commercial contract and after reasonable effort has been unable to effect cover for the goods or the circumstances reasonably indicate that the effort will be unavailing. (Hawai‘i Revised Statutes §§490:2-716(3) and 490:2A-521(c))
  - Replevin pursuant to the Uniform Commercial Code. Plaintiff is the secured party and has the right to take possession after default. (Hawai‘i Revised Statutes §490:9-609(b)(1))
  - Pursuant to Hawai‘i Revised Statutes - Chapter 654 - Immediate Possession of Personal Property (**BOND ATTACHED**)
- 3 Defendant holds the personal property described below against the rights of Plaintiff.
4. Before filing this action Plaintiff demanded that Defendant turn over possession of the personal property, but Defendant refused and still refuses to turn over the personal property to Plaintiff.
5. Plaintiff asks for a Judgment and Writ of Replevin awarding possession of the personal property described below, or, in the alternative, for a Judgment in the amount of the property’s value stated below.
6. In addition, the Court may award costs, interest, and reasonable attorney’s fees, as allowed by statute.

**SEE PAGE 2**

I certify that this is a full, true, and correct copy of the original on file in this office.

\_\_\_\_\_  
Clerk, District Court of the above Circuit, State of Hawai‘i

**PERSONAL PROPERTY  
SERIAL # OR OTHER ID MARK**

**DESCRIPTION**

**VALUE**

**TOTAL VALUE OF PROPERTY** .....\$.....

Signature of Filing Party/Attorney:

Date:

Print/Type Name:

**DECLARATION**

**I DECLARE UNDER PENALTY OF LAW THAT WHAT IS STATED IN THE COMPLAINT IS TRUE AND CORRECT.**

Signature of Declarant:

Date:

Print/Type Name:



In accordance with the *Americans with Disabilities Act* and other applicable state and federal laws, if you require an accommodation for a disability when working with a court program, service, or activity, please contact the District Court Administration Office at PHONE NO. 244-2800, FAX 244-2849, or [adarequest@courts.hawaii.gov](mailto:adarequest@courts.hawaii.gov) at least ten (10) working days before your proceeding, hearing, or appointment date.

**For Civil related matters, please call 244-2706 or visit the Service Center at 2145 Main Street, Room 141, Wailuku, Hawai'i.**