

RELEASE OF GARNISHEE; CERTIFICATE OF SERVICE

Form #2DC45

IN THE DISTRICT COURT OF THE SECOND CIRCUIT

DIVISION
STATE OF HAWAI'I

Plaintiff(s)

Reserved for Court Use

XD Court Date: _____ Rec # _____ \$ _____

Civil No. _____

Filing Party(ies)/Filing Party(ies)' Attorney (Name, Attorney Number, Firm Name (if applicable), Address, Telephone and Facsimile Numbers)

Defendant(s)

Name of Garnishee to be released:

Date Garnishee Order granted: (If none, date of Garnishee Summons):

RELEASE OF GARNISHEE

Judgment Creditor(s) requests that Garnishee, above named, be released from the above dated Garnishee Summons/Garnishee Order.

CERTIFICATE OF SERVICE


I certify that a copy of this Release was served at the last known address(es) of Garnishee(s) or Garnishee(s)' attorney listed below on _____ by Hand-delivery or Mail, Postage Prepaid at the following address(es):

Signature of Filing Party(ies)/Filing Party(ies)' Attorney:

Date:

Print/Type Name:

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. 244-2800, FAX 244-2849, or email adarequest@courts.hawaii.gov at least ten (10) working days in advance of your hearing or appointment date. For all civil matters, please call 244-2706 or visit the Service Center at 2145 Main Street, Room 141, Wailuku, HI 96793.

RELSGARN.X 2D-P-259
(Rev 7/24/2017)
 RG-AC-508 (8/17)

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