

**PETITIONER'S MOTION TO SEAL
ADDRESS AND TELEPHONE NUMBER**

Form #1DC01

IN THE DISTRICT COURT OF THE FIRST CIRCUIT _____ DIVISION STATE OF HAWAI'I	
Petitioner	Reserved for Court Use
Respondent	Civil No. SS Filing Party/Attorney Name, Attorney Number, Firm Name (if applicable), Address, Telephone and Fax Numbers (Petitioner - leave this box blank)

PETITIONER'S MOTION TO SEAL ADDRESS AND TELEPHONE NUMBER

DECLARATION

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOLLOWING IS TRUE AND CORRECT.

1. I am the Petitioner.
2. I am requesting that the Court seal my address and/or telephone number because **(state facts why you are making the request):**

Date:	Signature of Petitioner: Print/Type Name(s):
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Reserved for Court Use	COURT ORDER This motion is: <input type="checkbox"/> GRANTED <input type="checkbox"/> DENIED
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Date:	Judge:
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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. 538-5121, FAX 538-5233, or TTY 539-4853 **at least (10) working days before** your proceeding, hearing, or appointment date. **For all Civil matters, please call 538-5151 or visit the District Court Service Center at 1111 Alakea Street, Third (3rd) Floor.**