

CERTIFICATE OF SERVICE

IN THE DISTRICT COURT OF THE FIRST CIRCUIT

DIVISION
STATE OF HAWAII

Plaintiff(s)

Reserved for Court Use

Civil No.

Defendant(s)

Filing Party/Attorney Name, Attorney Number (if applicable),
Address, Telephone and Fax Numbers

Name of Document(s) being Served and Filing Date of Document(s):

CERTIFICATE OF SERVICE

I certify that on (date): _____ I served the above-named document(s) on all parties or their attorney
by Hand-delivery or Mail, addressed as follows:

Date:

Signature of Filing Party/Attorney:

Print/Type Name:

In accordance with state and federal disability 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 ten (10) working days before your proceeding, hearing or appointment date.

For all Civil related matters, please call 538-5151 or visit the District Court Service Center at 1111 Alakea Street, Third (3rd) Floor.