

**COMPLAINT (ASSUMPSIT-MONEY OWED);
DECLARATION; EXHIBIT(S); SUMMONS**

Form #1DC07

IN THE DISTRICT COURT OF THE FIRST CIRCUIT _____ DIVISION STATE OF HAWAI‘I	
Plaintiff(s)	Reserved for Court Use
Defendant(s)	Civil No.
Amount Claimed by Plaintiff:	Filing Party(ies)/Filing Party(ies)' Attorney (Name, Attorney No., Firm Name (if applicable), Address, Tel. and Fax No.)
Last Date of Indebtedness:	Last Date of Indebtedness:

COMPLAINT

1. This Court has jurisdiction over this matter and venue is proper.
2. On or about _____, Defendant(s) owed money to Plaintiff(s) as follows:
3. A copy of the written instrument on which the debt is based is attached as Exhibit 1.
4. Plaintiff(s) asks for Judgment in the principal amount of \$ _____ .
In addition, the Court may award court costs, interest and reasonable attorney's fees.
5. The Servicemembers Civil Relief Act, 50 U.S.C. App. §501 may apply to a Defendant who is classified active duty as defined in the Act. Please check all that apply.
 - To the best of my knowledge, the Defendant is not an active duty member of the Military.
 - The following Defendant is an active duty member of the Military. Name: _____ .
 - I am unable to determine whether the Defendant is an active duty member of the Military. Please attach separate sheet indicating what attempt was made to determine Defendant's military status.

Date:	Signature of Plaintiff(s)/Plaintiff(s) Attorney:
Date:	Print/Type Name(s):

DECLARATION

I have read this Complaint, know the contents and verify that the statements are true to my personal knowledge and belief.
I DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE IS TRUE AND CORRECT.

Date:	Signature of Declarant:
Date:	Print/Type Name(s):



In accordance with the **Americans with Disabilities Act**, and other applicable State and Federal laws, if you require an accommodation for your 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 preceeding, hearing, or appointment date.

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