

**IN THE DISTRICT COURT OF THE FIRST 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, Telephone and Fax Number or Email

**NON-HEARING MOTION FOR CONTINUANCE**

- Answer  Returnable (Summary Possession cases)
- Hearing-Type of Motion: \_\_\_\_\_
- Trial  Pre-Trial  Other-Specify: \_\_\_\_\_

The Filing Party requests that this Motion be granted for the reasons stated in the Declaration below.

**DECLARATION**

I have read this Motion, know the contents and verify that the statements are true to my personal knowledge and belief. **I DECLARE UNDER PENALTY OF PERJURY THAT THE FOLLOWING IS TRUE AND CORRECT:** that Filing Party wishes to continue this proceeding to the date and for the reason stated below.  I have contacted the Opposing Party or their attorney and they will not agree to the continuance, or  I have tried several times to contact them by telephone and/or mail and they have not returned my calls or answered my letters. Explain why you will not be available and want this continuance: (Attach continuation page, if necessary).

Old Date/Time: \_\_\_\_\_ New Date/Time: \_\_\_\_\_ No. of Prior Continuances: \_\_\_\_\_

**NOTICE OF MOTION**

TO: \_\_\_\_\_:

**NOTICE IS GIVEN** that the undersigned has filed this Motion. Any response to this Motion must be in writing on the reverse side and filed with the Court no later than 5 days from the date shown on the Certificate of Service when the Motion is hand-delivered or 7 days excluding Saturday, Sunday, and legal holidays when the Motion is mailed. Your written response can be delivered or mailed to the Court at **1111 Alakea Street, Civil Division, Third Floor, Honolulu, Hawai'i 96813. IF NO RESPONSE IS RECEIVED BY THE COURT BY THE DATES SPECIFIED IN THIS NOTICE, THIS MOTION MAY BE GRANTED.**

Signature of Declarant/Attorney:

Date:

Print/Type Name:

**SEE AND USE REVERSE SIDE TO RESPOND TO MOTION**

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

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

**CERTIFICATE OF SERVICE**

I certify that I served a copy of this Motion to the Opposing Party or Opposing Party's attorney on (date) \_\_\_\_\_ by  
 Hand-delivery or  Mail, addressed as follows:

Date:	Signature of Filing Party/Attorney:  Print/Type Name:
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**RESPONSE TO MOTION/CERTIFICATE OF SERVICE**

- I DO NOT OBJECT to this Motion.
- I DISAGREE with this Motion for the following reasons:  
(Attach continuation page, if necessary).

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I have read this Response, know the contents and verify that the statements are true to my personal knowledge and belief. **I DECLARE UNDER PENALTY OF PERJURY THAT WHAT I HAVE STATED IS TRUE AND CORRECT.**

**CERTIFICATE OF SERVICE**

I certify that I served a copy of this Response to the Filing Party or Filing Party's attorney on (date) \_\_\_\_\_ by  
 Hand-delivery or  Mail, addressed as follows:

Date:	Signature of Opposing Party/Attorney:  Print/Type Name:
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**COURT ORDER**

- This Motion is granted and you must appear at the new date and time stated in the Declaration on the reverse side.
- This Motion is denied and you must appear at the old date and time stated in the Declaration on the reverse side.
- This Motion is partially granted and you must appear at \_\_\_\_\_ .m. on \_\_\_\_\_ for

- |                                     |                                            |
|-------------------------------------|--------------------------------------------|
| <input type="checkbox"/> ANSWER     | <input type="checkbox"/> HEARING ON MOTION |
| <input type="checkbox"/> RETURNABLE | <input type="checkbox"/> PRE-TRIAL         |
| <input type="checkbox"/> TRIAL      | <input type="checkbox"/> OTHER- _____      |

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. (808) 538-5121, FAX (808) 538-5233, or TTY (808) 539-4853 at least ten (10) working days before your proceeding, hearing, or appointment date. **For all Civil related matters, please call (808) 538-5151 or visit the District Court Service Center, 1111 Alakea Street, Third (3<sup>rd</sup>) Floor.**