

STIPULATION FOR CONTINUANCE

IN THE DISTRICT COURT OF THE FIRST CIRCUIT _____ DIVISION STATE OF HAWAI'I	
Plaintiff(s)	Reserved for Court Use
	Civil No.
Defendant(s)	Filing Party/Attorney Name, Attorney Number (if applicable), Address, Telephone and Fax Numbers

STIPULATION FOR CONTINUANCE

All appearing parties enter a **STIPULATION FOR CONTINUANCE** in this case for the following reason(s) (Attach additional pages, if necessary):

Old Court Date: _____ Time: _____

Stipulated New Court Date: _____ Time: _____

Select One: Return Pre-Trial Trial Other (Specify): _____
(All appearing parties must sign below.)

Date:	Signature of Plaintiff/Attorney: Print/Type Name:
Date:	Signature of Defendant/Attorney: Print/Type Name:
Date:	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED Judge:

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.