

**IN THE DISTRICT COURT OF THE FIRST CIRCUIT**  
 \_\_\_\_\_ **DIVISION**  
**STATE OF HAWAI‘I**

Plaintiff

Reserved for Court Use

Civil No.

Defendant

Defendant/Defendant’s Attorney Name, Attorney Number, Firm Name (if applicable), Address, Telephone number

**COUNTERCLAIM**

1. On or about \_\_\_\_\_, Plaintiff owed money to Defendant as follows:  
 (Attach continuation page, if necessary).

2. Defendant asks for judgment against Plaintiff in the sum of \$ \_\_\_\_\_.  
 In addition, the court may award court costs, interest and reasonable attorney’s fees.

**CERTIFICATE OF SERVICE**


I certify that a copy of this Counterclaim was served on the Opposing Party or their attorney on (date) \_\_\_\_\_  
 by  Hand-delivery or  Mail at the following address:

Date:	Signature of Defendant/Defendant’s Attorney:
	Print/Type Name:

**DECLARATION**

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

Date:	Signature of Declarant:
	Print/Type Name:

 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 ten (10) working days before your proceeding, hearing, or appointment date. **For Civil related matters, please call 538-5629 or visit the District Court Service Center at 1111 Alakea St, Third (3<sup>rd</sup>) Floor.**

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