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| STATE OF HAWAII DISTRICT COURT OF THE FIRST CIRCUIT _____ DIVISION | EXHIBIT LIST DO NOT FILE WITH COURT | CIVIL NUMBER |
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| Plaintiff(s) | Plaintiff(s)/Plaintiff(s)' Attorney (Name, Attorney Number, Firm Name (if applicable), Address, Telephone and Facsimile Numbers) |
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| Defendant(s) | Defendant(s)/Defendant(s)' Attorney (Name, Attorney Number, Firm Name (if applicable), Address, Telephone and Facsimile Numbers) |
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Date of Trial or Hearing:

| *DESIGNATION OF IDENTIFICATION CODES __ PLAINTIFF __ DEFENDANT | OFFERED FOR IDENTIFICATION | RECEIVED IN EVIDENCE | WITHDRAWN | DESCRIPTION OF EXHIBIT | DATE R = RETURNED D = DESTROYED OTHER COMMENTS |
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In accordance with the **Americans with Disabilities Act** if you require an accommodation for your disability, 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 in advance of your hearing or appointment date. For Civil related matters, please call 538-5151.

EXHIBIT1.X (Amended 4/18/97)v

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* Plaintiff(s) to label exhibits in numerical order Example: Plaintiff(s) — 1, 2, 3, etc.
 Defendant(s) to label exhibits in alphabetical order Example: Defendant(s) — A, B, C, etc.
 A completed list and all exhibit(s) shall be presented to the Court at the time of trial or hearing.