

**MOTION TO DISMISS; DECLARATION;
NOTICE OF MOTION; CERTIFICATE OF SERVICE**

**IN THE DISTRICT COURT OF THE FIRST CIRCUIT
DIVISION
STATE OF HAWAII**

Plaintiff(s)

Reserved for Court Use

Civil No.

Defendant(s)

Filing Party/Attorney Name, Attorney Number (if applicable),
Address, Telephone and Fax Numbers

MOTION TO DISMISS

Filing party requests that this Motion be set for hearing. This Motion is based on the District Court Rules of Civil Procedure,
Rule _____, and the Declaration below.

DECLARATION

1. I am the Movant or associated with the Movant as _____;

2. The following are facts why the Motion should be granted (Attach additional page(s), if necessary):

I DECLARE UNDER PENALTY OF LAW THAT WHAT I HAVE STATED IS TRUE AND CORRECT.

Date:

Signature of Declarant:

Print/Type Name:

SEE PAGE 2 FOR NOTICE AND TO RESPOND TO MOTION

NOTICE OF MOTION

TO _____:
Please take notice that this Motion will be heard by the District Judge of this Court, in his/her Courtroom, at the address checked below on (Day): _____, (Date): _____ at (Time): _____, _____.m. or as soon thereafter as parties may be heard.

COURT ADDRESSES

- Honolulu Division
- 'Ewa Division
- Ko'olaupoko OR Ko'olauloa Division
- Wahiawā OR Waialua Division
- Wai'anae Division

1111 Alakea Street, 10th Floor, Honolulu, Hawai'i
 870 Fourth Street, Pearl City, Hawai'i
 45-939 Po'okela Street, Kāne'ohe, Hawai'i
 1034 Kilani Avenue, Wahiawā, Hawai'i
 4675 Kapolei Parkway, Kapolei, Hawai'i

Mailing address for the above Courts: 1111 Alakea Street, Civil Division, Third Floor, Honolulu, Hawai'i 96813

CERTIFICATE OF SERVICE

I certify that on (date): _____ I served a copy of this Motion on all parties or their attorneys by
 Hand-delivery or Mail, addressed as follows:

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

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

Reserved for Court Use

I DECLARE UNDER PENALTY OF LAW THAT WHAT I HAVE STATED IS TRUE AND CORRECT.

CERTIFICATE OF SERVICE

I certify that on (date): _____ I served a copy of this Response To The Motion on all parties or their attorneys by Hand-delivery or Mail, addressed as follows:

Date:	Signature of Responding Party/Attorney: Print/Type Name:
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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. 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.