

PLAINTIFF  DEFENDANT MOTION

TWO-SIDED FORM

TO  FOR \_\_\_\_\_;

Form #1DC38

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

**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 Number and Email

PLAINTIFF  DEFENDANT MOTION

TO  FOR \_\_\_\_\_

Filing Party requests that this Motion be set for hearing on a date and time certain. This Motion is based on the Declaration below and is made pursuant to:

- Rules of the District Courts of the State of Hawai'i, Rule \_\_\_\_\_;
- District Court Rules of Civil Procedure, Rule \_\_\_\_\_;
- Rules of the Small Claims Division of the District Courts, Rule \_\_\_\_\_; or
- Hawai'i Revised Statutes § \_\_\_\_\_.

**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 UNDER THE LAWS OF THE STATE OF HAWAI'I THAT THE FOLLOWING IS TRUE AND CORRECT:**

1. I am the  Movant or  associated with Movant as \_\_\_\_\_;
2. The following are facts why Motion should be granted (attach continuation sheet, if necessary);

Date:

Signature of Declarant:

Print/Type Name:

**NOTICE OF HEARING**

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

Please take notice that this Motion will be heard before the Presiding Judge of this Court in the Courtroom, at the address checked on the reverse side on \_\_\_\_\_, \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_ a.m. or as soon thereafter as parties may be heard.

**(continued on reverse side)**

**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, Hawai'i  
 4675 Kapolei Parkway, 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:

**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 UNDER THE LAWS OF THE STATE OF HAWAII THAT THE ABOVE 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:

For Civil related matters, please call (808) 538-5629 or visit the District Court Service Center at 1111 Alakea Street, Third (3<sup>rd</sup>) Floor, Honolulu, Hawai'i 96813

**Americans with Disabilities Act Notice**



If you need an accommodation for a disability when participating in a court program, service or activity, please contact the ADA Coordinator as soon as possible to allow the court time to provide an accommodation:

- Call (808) 538-5121; or
- Send an email to [adarequest@courts.hawaii.gov](mailto:adarequest@courts.hawaii.gov)

The court will try to provide, but cannot guarantee, your requested auxiliary aid, service or accommodation.