

PLAINTIFF(S)' / DEFENDANT(S)' NON-HEARING MOTION TO / FOR

_____;
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
Defendant(s)	Civil No.
Filing Party/Attorney Name, Attorney Number (if applicable), Address, Telephone and Fax Numbers	

PLAINTIFF(S)' / DEFENDANT(S)' NON-HEARING MOTION TO / FOR

Filing Party requests that this Motion be granted for the reasons stated in 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 _____;
- Hawai'i Revised Statutes § _____.

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 WHAT I HAVE STATED IS TRUE AND CORRECT.

Date:	Signature of Declarant: Print/Type Name:
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NOTICE OF MOTION

TO: _____:

Any response to this Motion must be in writing on page 2 of Form#1DC39 and filed with the Court no later than 10 days from the date shown on the Certificate of Service on page 2 of Form#1DC39 when the Motion is hand-delivered or 12 days when the Motion is mailed. Your written response can be delivered or mailed to the Court at **1111 Alakea Street, Civil Division, Third (3rd) Floor, Honolulu, Hawai'i 96813. IF NO RESPONSE IS RECEIVED BY THE COURT BY THE DATE SPECIFIED IN THIS NOTICE, THIS MOTION MAY BE GRANTED.**

SEE AND USE PAGE 2 TO RESPOND TO MOTION

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 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):

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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:

Reserved for Court Use

COURT ORDER

This Motion is: **GRANTED** **DENIED**
 PARTIALLY GRANTED as follows:

Date:

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.