

IN THE DISTRICT COURT OF THE FIRST CIRCUIT _____ DIVISION STATE OF HAWAII	
Plaintiff(s)	Reserved for Court Use
Defendant(s)	Civil No.
	Filing Party(ies)/Filing Party(ies)' Attorney (Name, Attorney Number, Firm Name (if applicable)), Address, Telephone and Facsimile Numbers
	Date of Default, Judgment or Dismissal entered:
MOTION TO SET ASIDE <input type="checkbox"/> DEFAULT <input type="checkbox"/> JUDGMENT or <input type="checkbox"/> DISMISSAL	
Filing Party(ies) 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 the District Court Rules of Civil Procedure, Rule _____.	
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 HAWAII THAT THE FOLLOWING IS TRUE AND CORRECT:	
1. I am the <input type="checkbox"/> Movant or <input type="checkbox"/> associated with Movant as _____;	
2. The following are facts why the Motion should be granted (attach continuation page, if necessary);	
Date:	Signature of Declarant: Print/Type Name:

SEE AND USE REVERSE SIDE 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 _____, _____ 20__ at _____ 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 Divison

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 a copy of this Motion was served at the last known address(es) of the Opposing Party(ies) or Opposing Party(ies)' attorney on _____ by Hand-delivery or Mail, Postage Prepaid, at the following address(es):

Signature of Filing Party(ies)/Filing Party(ies)' Attorney:

Date:

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).

Reserved for Court Use

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 HAWAI'I THAT THE FOLLOWING IS TRUE AND CORRECT:**

CERTIFICATE OF SERVICE

I certify that a copy of this Response was served at the last known address(es) of the Opposing Party(ies) or Opposing Party(ies)' attorney on _____ by Hand-delivery or Mail, Postage Prepaid, at the following address(es):

Signature of Responding Party(ies)/Responding Party(ies)' Attorney:

Date:

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 all Civil related matters, please call 538-5151 or visit the District Court Service Center at 1111 Alakea Street, Third (3rd) Floor.**