or i obsession, declaration, order	π1DC1
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
Defendant	applicable), Address, and Telephone Number
	J
	TO STAY EXECUTION
OF WRIT OF	FPOSSESSION
Filing Party requests that this Motion be granted for the reasons stated Rules of the District Courts of the State of Hawai'i, Rule District Court Rules of Civil Procedure, Rule Hawai'i Revised Statutes §	;
DECLA	RATION
1. I am ☐ the Moving Party or ☐ associated with the Moving Party	v as
2. I did not attend my summary possession hearing because:	, 40,
☐ I was not served with a Summons and Complaint for this eviction	
☐ I was in the District Court building, but I went to the wrong cou☐ I was unexpectedly delayed and was a few minutes late for my I	
had just missed my hearing. (Explain below.)	learing. I checked in with the court elerk, who advised the that I
☐ There was a medical emergency in my family and I was unable t	to make it to court on time.
☐ I was ill or hurt and unable to attend court.	
☐ The date that I was supposed to attend my hearing was not clear	to me. (Explain below.)
Please use the following lines for your further explanations:	
	I certify that this is a full, true, and correct
	copy of the original on file in this office.
	Clerk, District Court of the above Circuit, State of Hawai'i

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3. I believe that the Writ of Posses	ssion should be staved because:	
 ☐ I did not receive proper written notice from my landlord giving me the correct amount of days to correct the problem. ☐ My landlord claims non-payment of rent, but I have proof that I have paid the rent. ☐ My landlord refused to accept my payment ☐ I have valid defenses/reasons. Explain below. 		
Please use the following lines for your explanations:		
I DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.		
	Signature of Declarant:	
Date:	Print/Type Name:	
CERTIFICATE OF SERVICE		
I □ mailed or □ hand-delivered a copy of this Motion to my landlord or their attorney on (date) at the following address:		
Reserved for Court Use COURT ORDER		
This Motion is: □ GRANTED □ DENIED □ PARTIALLY GRANTED as follows:		
Date:	Judge	
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 Civil related matters, please call 538 5629 or visit the District Court Service Contact at 1111 Alekses.		

appointment date. For Civil related matters, please call 538-5629 or visit the District Court Service Center at 1111 Alakea Street, Third (3rd) Floor.

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