IN THE DISTRICT COURT OF THE SECOND 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, and Telephone Number
	TO STAY EXECUTION
OF WRIT OF	F POSSESSION
 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	ARATION
1. I am □ the Moving Party or □ associated with the Moving Part	iv as
 2. I did not attend my summary possession hearing because: □ 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	urtroom and missed my hearing. (Explain below.)
□ I was unexpectedly delayed and was a few minutes late for my had just missed my hearing. (Explain below.)	hearing. I checked in with the court clerk, who advised me that I
 □ There was a medical emergency in my family and I was unable □ I was ill or hurt and unable to attend court. 	to make it to court on time.
□ 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 filed in this office.

3. I believe that the Writ of Possession should be stayed 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 \Box mailed or \Box hand-delivered a copy of this Motion to my landlord or their attorney on (date) at the following address:		
Tonowing address.		
Reserved for Court Use COURT ORDER		
This Motion is: GRANTED DENIED		
Date:	Judge	
In accordance with the <i>Americans with Disabilities Act</i> 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. 244-2800, FAX 244-2849, or email <u>adarequest@courts.hawaii.gov</u> at least ten (10) working days before your proceeding, hearing, or appointment date.		
For all Civil related matters, please call 244-2706 or visit the Service Center at 2145 Main St, Room 141, Wailuku, Hawai`i.		