

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

**IN THE DISTRICT COURT OF THE SECOND CIRCUIT
DIVISION
STATE OF HAWAII**

Plaintiff(s)

Reserved for Court Use

Civil No.

Defendant(s)

Filing Party/Attorney Name, Attorney Number (if applicable),
Address, Telephone and Fax Numbers

MOTION TO DISMISS

Filing party requests that this Motion be set for hearing. This Motion is based on the District Court Rules of Civil Procedure, Rule _____, and the Declaration below.

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 THAT WHAT I HAVE STATED IS TRUE AND CORRECT.

Date:	Signature of Declarant: Print/Type Name:
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SEE PAGE 2 FOR NOTICE AND 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 below on (Day): _____, (Date): _____ at (Time): _____, _____.m. or as soon thereafter as parties may be heard.

COURT ADDRESSES

- | | |
|--|--|
| <input type="checkbox"/> Wailuku Division (Regular Claims) | 2145 Main Street, Courtroom 3C, Third Floor, Wailuku, HI 96793 |
| <input type="checkbox"/> Wailuku Division (Small Claims) | 2145 Main Street, Courtroom 3D, Third Floor, Wailuku, HI 96793 |
| <input type="checkbox"/> Lahaina Division | 1870 Honoapiilani Highway, Lahaina, HI 96761 |
| <input type="checkbox"/> Hana Division | 4974 Uakea Road, Hana, HI 96713 |
| <input type="checkbox"/> Molokai Division | 55 Makaena Place, Kaunakakai, Moloka'i, HI 96748 |
| <input type="checkbox"/> Lanai Division | 312 8th Street, Lana'i City, Lana'i, HI 96763 |

Mailing address for the above Courts: 2145 Main Street, Rm 106, Wailuku, HI 96793

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:
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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):

Reserved for Court Use

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:
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In accordance with the **Americans with Disabilities Act**, and other applicable State and Federal laws, if you require an accommodation for your 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 adarequest@courts.hawaii.gov at least (10) working days before your preceeding, hearing, or appointment date. For Civil related matters, please call 244-2706 or visit the Service Center at 2145 Main Street, Room 141A, Wailuku, Hawai'i 96793.