

PLAINTIFF DEFENDANT MOTION

TWO-SIDED FORM

TO FOR _____;

Form #2DC38

DECLARATION; NOTICE OF MOTION; CERTIFICATE OF SERVICE

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, Telephone Number and Email

PLAINTIFF DEFENDANT MOTION

TO FOR _____

Filing Party 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:

- 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 _____; or
- Hawai'i Revised Statutes § _____.

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

1. I am the Movant or associated with Movant as _____;
2. The following are facts why Motion should be granted (attach continuation sheet, if necessary);

Date:

Signature of Declarant:

Print/Type Name:

NOTICE OF HEARING

TO: _____:

Please take notice that this Motion will be heard before the Presiding Judge of this Court in the Courtroom, at the address checked on the reverse side on _____, _____, 20____, at _____ a.m. or as soon thereafter as parties may be heard.

(continued on reverse side)

COURT ADDRESSES

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

Mailing address for the above Courts: 2145 Main Street, Room 106, Wailuku, Hawai'i 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:

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).

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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 HAWAII THAT THE ABOVE 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:

Americans with Disabilities Act Notice



If you need an accommodation for a disability when participating in a court program, service or activity, please contact the ADA Coordinator as soon as possible to allow the court time to provide an accommodation:

- Call (808) 244-2855, FAX (808) 244-2932; or
- Send an email to adarequest@courts.hawaii.gov

The court will try to provide, but cannot guarantee, your requested auxiliary aid, service or accommodation.