

PLAINTIFF(S)' /  DEFENDANT(S)' NON-HEARING MOTION  TO /  FOR

\_\_\_\_\_;  
**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

PLAINTIFF(S)' /  DEFENDANT(S)' NON-HEARING MOTION  TO /  FOR

Filing Party requests that this Motion be granted for the reasons stated in 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 \_\_\_\_\_;
- Hawai'i Revised Statutes § \_\_\_\_\_.

**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 WHAT I HAVE STATED IS TRUE AND CORRECT.**

Date:	Signature of Declarant:
	Print/Type Name:

**NOTICE OF MOTION**

TO: \_\_\_\_\_;  
 Any response to this Motion must be in writing on page 2 of Form#2DC39 and filed with the Court no later than 10 days from the date shown on the Certificate of Service on page 2 of Form#2DC39 when the Motion is hand-delivered or 12 days when the Motion is mailed. Your written response can be delivered or mailed to the Court at **2145 MAIN STREET, RM 106, WAILUKU, HI 96793. IF NO RESPONSE IS RECEIVED BY THE COURT BY THE DATE SPECIFIED IN THIS NOTICE, THIS MOTION MAY BE GRANTED.**

**SEE AND USE PAGE 2 TO RESPOND TO MOTION**

**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):

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**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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**COURT ORDER**

This Motion is:  **GRANTED**                       **DENIED**  
 **PARTIALLY GRANTED as follows:**

Date:	Judge
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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.