

**MOTION TO SET ASIDE DEFAULT JUDGMENT
OR DISMISSAL; DECLARATION; NOTICE OF MOTION;
CERTIFICATE OF SERVICE**

TWO-SIDED FORM
Form #2DC42

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
	Date of Default, Judgment or Dismissal entered:

MOTION TO SET ASIDE DEFAULT JUDGMENT or DISMISSAL

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 the District Court Rules of Civil Procedure, Rule _____.

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 the Motion should be granted (attach continuation page, if necessary);

Date:	Signature of Declarant:
	Print/Type Name:

RG-AC-508 (01/2026) WF

SEE AND USE REVERSE SIDE 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 the Courtroom, at the address checked below on _____, _____, 20____ at _____M., or as soon thereafter as parties may be heard.

COURT ADDRESSES

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

Mailing address for the above Courts: 2145 Main Street, Rm 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:

Signature of Filing Party/Attorney:

Date:

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:

Reserved for Court Use

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:

Signature of Responding Party/Attorney:

Date:

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.