## COMPLAINT (EJECTMENT, DAMAGES); DECLARATION; EXHIBIT; SUMMONS

IN THE DISTRICT COURT OF THE SECOND CIRCUIT DIVISION	Form#2DC57
STATE OF HAWAII	
Plaintiff	Reserved for Court Use
	Civil No.
Defendant	Filing Party/Attorney Name, Attorney Number, Firm Name (if applicable), Address, and Telephone Number
Premises Address:	
COMPLAINT F	OR EJECTMENT
asserts that the sale of the property was conducted in a return the price at auction was an adequate price.  6. □ If a written notice to vacate was given to Defendant a confideration of the Servicemembers Civil Relief Act, 50 U.S.C. App §50 defined in the Act. Please check all that apply.  □ To the best of my knowledge, the Defendant is not a mean of the Tollowing Defendant is an active duty member of	mises. I authority or permission. ion: ion. and acquired title at auction as the highest bidder. Plaintiff manner that was fair, reasonably diligent, in good faith, and opy is attached. I may apply to a Defendant who is classified active duty as member of the military. the military. Name

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	I certify that this is a full, true and correct
	copy of the original on file in this office.
Clerk, l	District Court of the above Circuit, State of Hawai'i

RG-AC-508 (2/18) (Rev. 1/23/2018)

COMPLAINT (continued)		
Plaintiff is asking the Court fo	r the following:	
A. A Judgment giving Plaintiff p	possession of the premises.	
B. A Writ of Possession directing	g the Sheriff or serving officer to:	
	ne premises and all persons possessing the premises through Defendant; all personal belongings of Defendant and of any other person; and of the premises.	
C. Judgment against Defendant f	for \$	
In addition, the Court may award	d other damages, court costs, interest, and reasonable attorney's fees, as allowed by statute.	
	Signature of Plaintiff/Attorney:	
Date:	Print/Type Name:	

## **DECLARATION**

## I DECLARE UNDER PENALTY OF LAW THAT WHAT IS STATED IN THE COMPLAINT IS TRUE AND CORRECT.

Date: Signature of Declarant:

Print/Type Name:



In accordance with the *Americans with Disabilities Act* 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 <a href="mailto:adarequest@courts.hawaii.gov">adarequest@courts.hawaii.gov</a> 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.