## EX PARTE MOTION TO STAY EXECUTION OF WRIT OF POSSESSION; DECLARATION; ORDER

| IN THE DISTRICT COURT OF THE FIFTH CIRCUIT LIHUE DIVISION STATE OF HAWAI'I                                                                                                                                      |                                                                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| Plaintiff                                                                                                                                                                                                       |                                                                                                       |
|                                                                                                                                                                                                                 | Reserved for Court Use                                                                                |
|                                                                                                                                                                                                                 | Civil No.                                                                                             |
| Defendant                                                                                                                                                                                                       | Filing Party/Attorney Name, Attorney Number, Firm Name (if applicable), Address, and Telephone Number |
| EX PARTE MOTION TO STAY EXECUTION OF WRIT OF POSSESSION                                                                                                                                                         |                                                                                                       |
| Filing Party requests that this Motion be granted for the reasons stated  Rules of the District Courts of the State of Hawai'i, Rule  District Court Rules of Civil Procedure, Rule  Hawai'i Revised Statutes § | ;<br>;                                                                                                |
| DECLARATION                                                                                                                                                                                                     |                                                                                                       |
| 1. I am □ the Moving Party or □ associated with the Moving Party as                                                                                                                                             |                                                                                                       |
| Please use the following lines for your further explanations:                                                                                                                                                   |                                                                                                       |
|                                                                                                                                                                                                                 |                                                                                                       |
|                                                                                                                                                                                                                 | I certify that this is a full, true, and correct copy of the original on file in this office.         |
|                                                                                                                                                                                                                 | Clerk, District Court of the above Circuit, State of Hawai'i                                          |

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| 3. I believe that the Writ of Possession should be stayed because:                                                                                                                                                                                                                                                                                                                                 |                                                              |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|--|
| <ul> <li>□ I did not receive proper written notice from my landlord giving me the correct amount of days to correct the problem.</li> <li>□ My landlord claims non-payment of rent, but I have proof that I have paid the rent.</li> <li>□ My landlord refused to accept my payment</li> <li>□ I have valid defenses/reasons. Explain below.</li> </ul>                                            |                                                              |  |
| Please use the following lines for your explanations:                                                                                                                                                                                                                                                                                                                                              |                                                              |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                    |                                                              |  |
| I DECLARE UNDER PENALTY                                                                                                                                                                                                                                                                                                                                                                            | Y OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. |  |
|                                                                                                                                                                                                                                                                                                                                                                                                    | Signature of Declarant:                                      |  |
| Date:                                                                                                                                                                                                                                                                                                                                                                                              | Print/Type Name:                                             |  |
| CERTIFICATE OF SERVICE                                                                                                                                                                                                                                                                                                                                                                             |                                                              |  |
| I $\square$ mailed or $\square$ hand-delivered a copy of this Motion to my landlord or their attorney on (date) at the following address:                                                                                                                                                                                                                                                          |                                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                    |                                                              |  |
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| Reserved for Court Use                                                                                                                                                                                                                                                                                                                                                                             |                                                              |  |
| COURT ORDER                                                                                                                                                                                                                                                                                                                                                                                        |                                                              |  |
| This Motion is:   GRANTED  DENIED                                                                                                                                                                                                                                                                                                                                                                  |                                                              |  |
| □ PARTIALLY GRANTED as follows:                                                                                                                                                                                                                                                                                                                                                                    |                                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                    |                                                              |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                    |                                                              |  |
| Date:                                                                                                                                                                                                                                                                                                                                                                                              | Judge                                                        |  |
| 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. 482, 2347, EAX, 482, 2509, or TTX 482, 2533, at least ten (10) working days before your proceeding, hearing, or |                                                              |  |



appointment date. For all Civil related matters, please call 482-2303 DC Civil Division or visit the Self Help Center at 3970 Kā'ana Street, Līhu'e, Hawai'i 96766.

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