

(FILING PARTY)  
Name & Attorney Number  
Mailing Address  
Phone Number  
Email Address

Representing \_\_\_\_\_  
[ ] Plaintiff/Petitioner [ ] Defendant/Respondent

IN THE \_\_\_\_\_ COURT OF THE \_\_\_\_\_ CIRCUIT  
\_\_\_\_\_ DIVISION  
STATE OF HAWAI'I

_____	)	CIVIL NO. _____
	)	
Plaintiff/Petitioner,	)	NOTICE OF WITHDRAWAL OF
	)	LIMITED APPEARANCE;
vs.	)	CERTIFICATE OF SERVICE
	)	
_____	)	
Defendant/Respondent.	)	
_____	)	JUDGE: _____

NOTICE OF WITHDRAWAL OF LIMITED APPEARANCE

Attorney \_\_\_\_\_ (“Attorney”) hereby files notice of Attorney’s withdrawal of limited appearance for Client \_\_\_\_\_ (“Client”) in the above-captioned matter. Client has 14 days from the filing of this notice to file an “Objection to the Withdrawal of Limited Appearance” pursuant to Rule 11.1(b)(4) of the District Court Rules of Civil Procedure.

DATED: \_\_\_\_\_, Hawai‘i, \_\_\_\_\_.

\_\_\_\_\_  
Attorney

**OPTIONAL:** Client consents to this withdrawal: \_\_\_\_\_  
[Signature of Client]

[attach proof of service upon the client here]