

**COMPLAINT - RESIDENTIAL SUMMARY POSSESSION (NON-PAYMENT OF RENT ONLY)****Temporary use form Act 278, SLH 2025****(Use only between February 5, 2026 through February 4, 2028)****IN THE DISTRICT COURT OF THE FIFTH CIRCUIT  
STATE OF HAWAI'I**

Plaintiff

Civil No.

Defendant

Filing Party/Attorney Name, Attorney Number, Firm Name (if applicable), Address, and Telephone Number

Premises Address:

**COMPLAINT – NON-PAYMENT OF RENT ONLY**

1. This Court has jurisdiction over this matter and venue is proper.
2. Plaintiff is the landlord or the agent for the landlord of the premises.
3. The premises is located in this division of this Court.
4. Defendant has not paid rent (attach separate sheet with any additional claims) and is in possession of the premises.
5. Check all that apply:
  - There is a written rental agreement for the premises. (Attach a copy of the written rental agreement)
  - There is no written rental agreement for the premises, only an oral agreement.
  - There was a written rental agreement which expired on (date) \_\_\_\_\_. (**Attach a copy of the expired rental agreement**)
  - Defendant is a month-to-month tenant.
6. Base monthly rent is \$ \_\_\_\_\_. As of (date) \_\_\_\_\_, Defendant owes \$ \_\_\_\_\_ in unpaid base monthly rent. Plus \$ \_\_\_\_\_ in additional charges for (check all that apply):  Parking  Late Fees  Utilities  Other \_\_\_\_\_
7. Check one:
  - A written **10** day notice providing all the information required by Hawaii Revised Statutes (HRS) 521-68(b) was given to Defendant on (date): \_\_\_\_\_ (**Attach a copy of the written notice**) Notice was provided by  posting the notice in a conspicuous place on the dwelling or  mailing the notice.
  - Notice is not required as Defendant breached the mediation agreement or settlement agreement. (**Attach a copy of the mediation agreement or settlement agreement**)
8. Despite the notice, Defendant has failed to correct this situation and is still in possession of the premises.

**SEE PAGE 2**

**COMPLAINT (continued)**

9. Documentation from the \_\_\_\_\_ verifying its receipt of the 10 day notice provided by the plaintiff to the defendant is attached.
10. Check one:
- The parties participated in mediation on (date) \_\_\_\_\_.
- Mediation is scheduled for (date) \_\_\_\_\_.
- As of (date) \_\_\_\_\_, mediation has not been scheduled.
11. The Servicemembers Civil Relief Act, 50 U.S.C. App. §501 may apply to a Defendant who is classified active duty by the Act. Please check all that apply.
- To the best of my knowledge, Defendant is not an active duty member of the Military.
- Defendant is an active duty member of the Military. If there are more than one Defendant, please provide the name of the Defendant who is an active duty member of the Military: \_\_\_\_\_.
- I am unable to determine whether the Defendant is an active duty member of the Military. Please attach separate sheet indicating what attempt was made to determine Defendant's military status.

**Plaintiff is asking the Court for the following:**

- A. A Judgment giving Plaintiff possession of the premises.
- B. A Writ of Possession directing the Sheriff or Police Officer to:
1. Remove Defendant from the premises and all persons possessing the premises through Defendant;
  2. Remove from the premises all personal belongings of Defendant and of any other person; and
  3. Place Plaintiff in possession of the premises.
- C. Judgment against Defendant for \$ \_\_\_\_\_.

In addition, Plaintiff requests that the Court award additional rent and other charges owed under the rental agreement, damages, court costs, interest and reasonable attorney's fees to the extent permitted by law.

	Signature of Plaintiff/Attorney:
Date:	Print/Type Name:

**DECLARATION**

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

	Signature of Declarant:
Date:	Print/Type Name:

For Civil related matters, please call or visit the District Civil Division, 3970 Kā'ana Street, Suite 207, Līhu'e, Hawai'i 96766



**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) 482-2347, FAX (808) 482-2509; or
- Send an email to [adarequest@courts.hawaii.gov](mailto:adarequest@courts.hawaii.gov)

The court will try to provide, but cannot guarantee, your requested auxiliary aid, service or accommodation.