IN THE DISTRICT COURT OF THE SECOND CIRCUIT **_____ DIVISION** **STATE OF HAWAIʻI**	
Plaintiff(s)	Reserved for Court Use
	Civil No.
Defendant(s)	Filing Party(ies)/Filing Party(ies)' Attorney (Name, Attorney Number, Firm Name (if applicable)), Address, Telephone and Facsimile Numbers
DOCUMENT(S) SERVED: _____ _____	
NAME OF PARTY SERVED:	ADDRESS WHERE SERVED:
DATE SERVED:	MILEAGE: $
TIME OF SERVICE:	NUMBER OF MILES TRAVELED:

☐ **FULL OR** ☐ **PARTIAL RETURN OF SERVICE**

I have read this Return of Service, 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 HAWAIʻI THAT THE FOLLOWING IS TRUE AND CORRECT:**

I, ☐ Deputy Sheriff, or ☐ Police Officer of the State of Hawaiʻi, or ☐ person who is not a party and at least 18 years old, do certify that I received a certified copy of the documents listed above and that I served the same on the Party Served above on the Date and Time of Service and at the Address listed above within the State of Hawaiʻi as listed on the reverse:

(continued on reverse side)

Signature: Print/Type Name:	Print/Type Address, Telephone and Facsimile Numbers:

(Rev. 07/01/2026)

SEE REVERSE SIDE

☐ **FULL OR** ☐ **PARTIAL RETURN OF SERVICE**

☐ **PERSONAL:** By delivering to and leaving with _____, personally.

☐ **SUBSTITUTE:** [District Court Rules of Civil Procedure 4(d)(1)(i)] After due and diligent search and inquiry, I served the named party through_____

_____
a person of suitable age and discretion then residing at said party's usual place of abode, since the party could not be found.

☐ **SUBSTITUTE:** [District Court Rules of Civil Procedure 4(d)(1)(ii)] I served the named party through_____,

_____ authorized agent to receive service of process for said party.

☐ **BUSINESS/CORPORATION/GOVERNMENTAL ENTITY:** I served (name of business/corporation/entity) _____

_____

through_____, who is the (position/title)
and who is the authorized agent to accept service for said Business/Corporation/Governmental Entity.

☐ **GARNISHMENT:** I served (Name of Garnishee) _____

_____

through _____, who is the (position/title)

_____
and who is authorized to accept service for the above-named garnishee.

☐ **NOT FOUND:** After due and diligent search and inquiry, I am unable to find the party named above.

☐ **Special Circumstances:**

ACKNOWLEDGMENT OF SERVICE

Signature of Person served:

Prin/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.

RETURN OF SERVICE MUST BE FILED NO LATER THAN 24 HOURS (EXCLUDING SATURDAY, SUNDAY AND HOLIDAYS AS DEFINED BY HRS § 8-1) PRIOR TO THE RETURN DATE AT 2145 MAIN STREET, ROOM 106, WAILUKU, HAWAIʻI 96793.

Clear Form