

IN THE DISTRICT COURT OF THE FIFTH CIRCUIT

STATE OF HAWAI'I

Plaintiff(s)

Reserved for Court Use

Civil No.

Defendant(s)

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

WRIT OF REPLEVIN

THE STATE OF HAWAI'I:

TO: The Director of Law Enforcement of the State of Hawai'i, their deputy or any police officer or other person authorized by the laws of the State of Hawai'i. Plaintiff(s), on \_\_\_\_\_, 20\_\_ obtained Judgment for return of personal property against Defendant(s) for the items described as follows:

PERSONAL PROPERTY OF PLAINTIFF(S)

DESCRIPTION

SERIAL # OR OTHER ID MARK (if applicable)

VALUE

NOW, YOU ARE COMMANDED TO REPOSSESS the above items from Defendant(s) and put Plaintiff(s) in full possession of those items and file with the Court proof of execution of the writ.

Date:

Judge

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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

**EXECUTION OF WRIT**

I am authorized by Hawai'i law to serve this Writ and I executed this Writ on the following person:

\_\_\_\_\_

\_\_\_\_\_

at \_\_\_\_\_

\_\_\_\_\_

on \_\_\_\_\_, 20 \_\_\_\_.

Date:

Signature of Serving Officer:  
Print/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) 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.

**For all Civil related matters, please call (808) 482-2303 - DC Civil Division or VISIT the Self Help Center at 3970 Ka'ana Street, Suite 207, Lihue, HI 96766**