

IN THE DISTRICT COURT OF THE SECOND CIRCUIT
 _____ DIVISION
 STATE OF HAWAI‘I

Plaintiff

Reserved for Court Use

Civil No.

Defendant

Defendant/Defendant’s Attorney Name, Attorney Number, Firm Name (if applicable), Address, Telephone number

COUNTERCLAIM

1. On or about _____, Plaintiff owed money to Defendant as follows:
 (Attach continuation page, if necessary).

2. Defendant asks for judgment against Plaintiff in the sum of \$ _____.
 In addition, the court may award court costs, interest and reasonable attorney’s fees.

CERTIFICATE OF SERVICE

I certify that a copy of this Counterclaim was served on the Opposing Party or their attorney on (date) _____
 by Hand-delivery or Mail at the following address:

Signature of Defendant/Defendant’s Attorney:

Date:

Print/Type Name:

DECLARATION

I have read this Counterclaim, know the contents and verify that the statements are true to my personal knowledge and belief. **I DECLARE UNDER PENALTY OF LAW THAT THE ABOVE IS TRUE AND CORRECT.**

Signature of Declarant:

Date:

Print/Type Name:



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. 244-2800, FAX 244-2849, or email adarequest@courts.hawaii.gov at least ten (10) working days before your proceeding, hearing, or appointment date.
For all Civil related matters, please call 244-2706 or visit the Service Center at 2145 Main St, Room 141, Wailuku, Hawai‘i.

I certify that this is a full, true, and correct copy of the original on filed in this office.

 Clerk, District Court of the above Circuit, State of Hawai‘i