


IN THE DISTRICT COURT OF THE FIRST CIRCUIT _____ DIVISION STATE OF HAWAII	
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 <input type="checkbox"/> Hand-delivery or <input type="checkbox"/> Mail at the following address:	
Date:	Signature of Defendant/Defendant’s Attorney: 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.	
Date:	Signature of Declarant: Print/Type Name:
For Civil related matters, please call (808) 538-5629 or visit the District Court Service Center at 1111 Alakea Street, Third (3 rd) Floor, Honolulu, HI 96813.	
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: <ul style="list-style-type: none"> • Call (808) 538-5121; 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.