

**RELEASE OF GARNISHEE; CERTIFICATE OF SERVICE**

Form #1DC45

**IN THE DISTRICT COURT OF THE FIRST CIRCUIT**  
\_\_\_\_\_  
**DIVISION**  
**STATE OF HAWAI'I**

Plaintiff(s)

Reserved for Court Use

XD Court Date: \_\_\_\_\_ Rec # \_\_\_\_\_ \$ \_\_\_\_\_

Civil No. \_\_\_\_\_

Filing Party(ies)/Filing Party(ies)' Attorney (Name, Attorney Number, Firm Name (if applicable), Address, Telephone and Facsimile Numbers)

Defendant(s)

Name of Garnishee to be released:

Date Garnishee Order granted: (If none, date of Garnishee Summons):

**RELEASE OF GARNISHEE**

Judgment Creditor(s) requests that Garnishee, above named, be released from the above dated Garnishee Summons/Garnishee Order.

**CERTIFICATE OF SERVICE**

I certify that a copy of this Release was served at the last known address(es) of Garnishee(s) or Garnishee(s)' attorney listed below on \_\_\_\_\_ by  Hand-delivery or  Mail, Postage Prepaid at the following address(es):

Signature of Filing Party(ies)/Filing Party(ies)' Attorney:

Date:

Print/Type Name:

In accordance with the **Americans with Disabilities Act** if you require an accommodation for your disability, please contact the District Court Administration Office at PHONE NO. 538-5121, FAX 538-5233, or TTY 539-4853 at least ten (10) working days in advance of your hearing or appointment date. For Civil related matters, please call 538-5151.

RELSGARN.X (Amended 4/18/97)v

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