STATE OF HAWAI'1  Petitioner    Petitioner   Reserved for Court Use	In The District Court of the Third Circuit  Division			
Reserved for Court Use  Civil No. SS  Respondent  Filling Party/Attorney Name, Attorney Number, Firm Name (If applicable), Address, Telephone and Fax Numbers (Petitioner - leave this box blank)  PETITIONER'S MOTION TO SEAL ADDRESS AND TELEPHONE NUMBER  DECLARATION  I DECLARE UNDER PENALTY OF PERJURY THAT THE FOLLOWING IS TRUE AND CORRECT.  I am the Petitioner.  I am requesting that the Court seal my address and/or telephone number because (state facts why you are making the request):  Signature of Petitioner:  Print/Type Name(s):  Reserved for Court Use  COURT ORDER  This motion is: GRANTED DENIED				
Respondent  Civil No. SS  Respondent  Filing Party/Attorney Name, Attorney Number, Firm Name (if applicable), Address, Telephone and Fax Numbers (Petitioner - leave this box blank)  PETITIONER'S MOTION TO SEAL ADDRESS AND TELEPHONE NUMBER  DECLARATION  I DECLARE UNDER PENALTY OF PERJURY THAT THE FOLLOWING IS TRUE AND CORRECT.  1. I am the Petitioner.  2. I am requesting that the Court seal my address and/or telephone number because (state facts why you are making the request):  Signature of Petitioner:  Date: Print/Type Name(s):  Reserved for Court Use  COURT ORDER  This motion is: GRANTED DENIED	Petitioner			
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Reserved for Court Use  COURT ORDER  This motion is: GRANTED DENIED		Signature of Petitioner:		
COURT ORDER  This motion is:  GRANTED DENIED	Date:	Print/Type Name(s):		
This motion is:				
Date: Judge:				
Date: Judge:				
	Date:	Judge:		



In accordance with the **Americans with Disabilities Act**, and other applicable State and Federal laws, if you require an accommodation for your disability when working with a court program, service, or activity please contact the District Court Administration Office at PHONE NO. 961-7424, FAX 961-7411, OR TTY 961-7422 at least (10) working days in advance of your hearing, or appointment date.

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