Motion to Set Aside ⊔ I or □ Dismissal; Declara Certification of Service	ATION; NOTICE OF MOTION;	FORT #3DC42
	RT OF THE THIRD CIRCUIT DIVISION	
STATE O	of Hawai'i	
Plaintiff(s)		
		Reserved for Court Use Civil No.
Defendant(s)		Filing Party(ies)/Filing Party(ies)' Attorney (Name, Attorney Number, Firm Name (if applicable), Address, Telephone and Facsimile Numbers)
		Date of Default, Judgment or Dismissal Entered:
Filing Party(ies) request that t		T JUDGMENT or DISMISSAL te and time certain. This Motion is based on the Declaration below Rule
	DECLAI	RATION
		ements are true to my personal knowledge and belief. I DECLARE STATE OF HAWAI'I THAT THE FOLLOWING IS TRUE AND
1. I am the \(\Boxed{\boxesize} \) Movant or \(\Boxed{\boxesize} \)	associated with Movant as	;
2. The following are facts why	y the Motion should be granted (attac	h continuation page, if necessary);
	Signature of Declarant:	
Date:	Print/Type Name(s):	

		ge of this Court, in his/her Courtroom, at the address checked20
or as soon thereafter as par	ties may be heard.	
	COURT ADI	DRESSES
☐ North & South Hilo Division	777 Kilanea Avenne. 2	and Floor, Hilo, Hawaiʻi 96720-4212
☐ Puna Division		and Floor, Hilo, Hawai'i 96720-4212
☐ North & South Kona Division		reet, Kealakekua, Hawai'i 96750
\square Ka'ū Division — To be heard at	•	
		ipila Street, Kealakekua, Hawai'i 96750
☐ South Kohala Division 67-5187 Kamamalu		reet, Kamuela, Hawai'i 96743
☐ Hāmākua Division — To be hed	ard at South Kohala Divisio	on
	67-5187 Kamamalu St	reet, Kamuela, Hawai'i 96743
☐ North Kohala Division — To be	e heard at South Kohala Di	vision
	67-5187 Kamamalu St	reet, Kamuela, Hawai'i 96743
Mailing Add	ress for the court: 🖵 777]	Kilauea Avenue, Hilo, Hawaiʻi 96720-4212
☐ 79-1020 Haukapila Street,	Kealakekua, Hawai'i 967:	50 🗖 67-5187 Kamamalu Street, Kamuela, Hawai'i 96743
	CERTIFICATE	OE SEDVICE
Signati	are of Filing Party(ies)/Filing	Party(ies)' Attorney:
	ure of Filing Party(ies)/Filing Type Name(s):	Party(ies)' Attorney:
	ype Name(s):	Party(ies)' Attorney:
Date: Print/T	ype Name(s):	Party(ies)' Attorney:
Date: Print/T RESPONSE TO MOTION/CERTIFIC	ype Name(s): CATE OF SERVICE	Party(ies)' Attorney:
Date: Print/T RESPONSE TO MOTION/CERTIFIC I DO NOT OBJECT to this Motion.	ype Name(s): CATE OF SERVICE	Party(ies)' Attorney: Reserved for Court Use
Date: Print/T RESPONSE TO MOTION/CERTIFIC I DO NOT OBJECT to this Motion. I DISAGREE with this Motion for the I have read this Response, know the contents	Type Name(s): CATE OF SERVICE following reasons: and verify that the statements are	
Date: Print/T RESPONSE TO MOTION/CERTIFIC I DO NOT OBJECT to this Motion. I DISAGREE with this Motion for the	Type Name(s): CATE OF SERVICE following reasons: and verify that the statements are	Reserved for Court Use e true to my personal knowledge and belief. I DECLARE UNDER VAI'I THAT THE ABOVE IS TRUE AND CORRECT.
Date: Print/T RESPONSE TO MOTION/CERTIFIC I DO NOT OBJECT to this Motion. I DISAGREE with this Motion for the I have read this Response, know the contents PENALTY OF PERJURY UNDER THE L	Type Name(s): CATE OF SERVICE following reasons: and verify that the statements ar AW OF THE STATE OF HAW CERTIFICATE	Reserved for Court Use e true to my personal knowledge and belief. I DECLARE UNDER VAI'I THAT THE ABOVE IS TRUE AND CORRECT.
Date: Print/T RESPONSE TO MOTION/CERTIFIC I DO NOT OBJECT to this Motion. I DISAGREE with this Motion for the I have read this Response, know the contents PENALTY OF PERJURY UNDER THE L	type Name(s): CATE OF SERVICE following reasons: and verify that the statements are AW OF THE STATE OF HAW CERTIFICATE as served at the last known add	Reserved for Court Use e true to my personal knowledge and belief. I DECLARE UNDER AL'I THAT THE ABOVE IS TRUE AND CORRECT. OF SERVICE bress(es) of the Opposing Party(ies) or Opposing Party(ies)' attorne
Date: Print/T RESPONSE TO MOTION/CERTIFIC I DO NOT OBJECT to this Motion. I DISAGREE with this Motion for the I have read this Response, know the contents PENALTY OF PERJURY UNDER THE L I certify that a copy of this Motion was on by hand-delivery or Mail, Post	cype Name(s): CATE OF SERVICE following reasons: and verify that the statements are AW OF THE STATE OF HAW CERTIFICATE is served at the last known add age Prepaid, at the following is	Reserved for Court Use e true to my personal knowledge and belief. I DECLARE UNDER AI'I THAT THE ABOVE IS TRUE AND CORRECT. OF SERVICE bress(es) of the Opposing Party(ies) or Opposing Party(ies)' attorne

961-7629, FAX 961-7577, or Email: adarequest@courts.hawaii.gov at least (10) working days in advance of your hearing, or appointment date.

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