

**PETITIONER'S MOTION TO SEAL
ADDRESS AND TELEPHONE NUMBER**

Form #5DC01

IN THE DISTRICT COURT OF THE FIFTH CIRCUIT LIHU'E DIVISION STATE OF HAWAI'I	
Petitioner	Reserved for Court Use
	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):**

Date:	Signature of Petitioner: Print/Type Name(s):
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Reserved for Court Use
COURT ORDER
This motion is: <input type="checkbox"/> GRANTED <input type="checkbox"/> DENIED

Date:	Judge:
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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 Deputy Chief Court Administrator's Office at PHONE NO. (808) 482-2347, FAX (808) 482-2509, OR TTY (808) 482-2533 **at least (10) working days in advance** of your hearing, or appointment date.