

IN THE DISTRICT COURT OF THE FIFTH CIRCUIT STATE OF HAWAI'I	
THE STATE OF HAWAI'I vs.	
Name of ARRESTEE: DOB: SSN (last four digits only):	Reserved for Court Use
Address of ARRESTEE:	Civil No. BW No.
Plaintiff(s)	Filing Party/Attorney Name, Attorney Number (if applicable), Address, Telephone and Fax Numbers
Defendant(s)	
Date Bench Warrant Ordered:	

BENCH WARRANT

THE STATE OF HAWAI'I:

TO: The Director of Law Enforcement of the State of Hawai'i, the Director's deputy or any police officer or other person authorized by the laws of the State of Hawai'i.

Because above-named person (ARRESTEE) was duly ordered to appear before this Court at the Original Hearing Date and Time stated above, and failed to so appear:

You are commanded to arrest and bring ARRESTEE before the Presiding District Judge of this Court, in the Judge's Courtroom, on the day and at the time designated by the checked box on the reverse side, then and there to show cause why ARRESTEE should not be found guilty of contempt of court.

UNLESS AUTHORIZED IN WRITING, THIS WARRANT MAY NOT BE EXECUTED BETWEEN THE HOURS OF 10:00 P.M. AND 6:00 A.M. ON PREMISES NOT OPEN TO THE PUBLIC.

Date:	Judge of the above-entitled Court
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BAIL SET AT: \$	CONTINUED TO PAGE 2
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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

COURT DATE AND ADDRESSES:

Kaua'i Judiciary Complex, Courtroom #2, 3970 Kā'ana Street, Suite 207, Līhu'e, Hawai'i. Unless authorized in writing this warrant may not be executed between the hours of 10:00 P.M. and 7:00 A.M. on premises not open to the public.

I am duly authorized by Hawai'i law to serve this Bench Warrant and I executed this Bench Warrant on the following person:

at _____

on this _____ day of _____, 20__.

Date:	Signature of Serving Officer:
	Print/Type Name: Badge No.:

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:

- Call (808) 482-2347, FAX (808) 482-2509; 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.

Mailing Address for the court: District Court Civil Division, 3970 Kā'ana Street, Suite 207, Līhue, HI 96766