



**MOTION AND AFFIDAVIT FOR RELIEF  
AFTER ORDER OR DECREE (continued)**

CASE NUMBER

FC-

NO. - -

(If finding of contempt is requested)

3. The adverse party has violated existing orders of the Court as follows:

(If Security, Sequestration, Wage Assignment or Other Relief is Sought)

4. The facts upon which this application for relief is made are as follows:

DATE SIGNED

AFFIANT'S SIGNATURE

SUBSCRIBED AND SWORN  
TO BEFORE ME THIS DATE:

NOTARY PUBLIC'S SIGNATURE

MY COMMISSION EXPIRES

IN \_\_\_\_\_, HAWAI'I

STATE OF HAWAI'I



In accordance with the **Americans with Disabilities Act** and other applicable state and federal laws, if you require a reasonable accommodation for a disability, please contact the ADA coordinator at the Circuit Court Administrative Office at PHONE NO. (808) 482-2314, FAX (808) 482-2553 or TTY (808) 482-2533 at least ten (10) working days in advance of your hearing or appointment date.

