

**MOTION TO SET ASIDE DEFAULT JUDGMENT
OR DISMISSAL; DECLARATION; NOTICE OF MOTION;
CERTIFICATE OF SERVICE**

IN THE DISTRICT COURT OF THE SECOND CIRCUIT
 _____ **DIVISION**
STATE OF HAWAI'I

Plaintiff(s)

Reserved for Court Use

Civil No.

Filing Party(ies)/Filing Party(ies)' Attorney (Name, Attorney Number, Firm Name (if applicable), Address, Telephone and Facsimile Numbers)

Defendant(s)

Date of Default, Judgment or Dismissal entered:

MOTION TO SET ASIDE DEFAULT JUDGMENT or DISMISSAL

Filing Party(ies) requests that this Motion be set for hearing on a date and time certain. This Motion is based on the Declaration below and is made pursuant to the District Court Rules of Civil Procedure, Rule _____.

DECLARATION

I have read this Motion, know the contents and verify that the statements are true to my personal knowledge and belief. **I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF HAWAI'I THAT THE FOLLOWING IS TRUE AND CORRECT:**

1. I am the Movant or associated with Movant as _____;
2. The following are facts why the Motion should be granted (attach continuation page, if necessary);

Date:

Signature of Declarant:

Print/Type Name:

SEE AND USE PAGE 2 TO RESPOND TO MOTION

NOTICE OF MOTION

TO: _____
Please take notice that this Motion will be heard by the District Judge of this Court, in his/her Courtroom, at the address checked below on _____, _____, 20____ at _____ M., or as soon thereafter as parties may be heard.

COURT ADDRESSES

-]Wailuku Division (Regular Claims) 2145 Main Street, Courtroom 3C, Third Floor, Wailuku, Hawai'i, 96793
-]Wailuku Division (Small Claims) 2145 Main Street, Courtroom 3D, Third Floor, Wailuku, Hawai'i 96793
-]Lahaina Division 1870 Honoapiilani Highway, Lahaina, Hawai'i, 96761
-]Hana Division 4974 Uakea Road, Hana, Hawai'i, 96713
-]Moloka'i Division 55 Makaena Place, Kaunakakai, Moloka'i, Hawai'i 96748
-]Lana'i Division 312 8th Street, Lana'i City, Lana'i, Hawai'i 96763

Mailing address for the above Courts: 2145 Main Street, Room 106, Wailuku, Hawai'i 96793.

CERTIFICATE OF SERVICE

I certify that a copy of this Motion was served at the last known address(es) of the Opposing Party(ies) or Opposing Party(ies)' attorney on _____ by Hand-delivery or Mail, Postage Prepaid, at the following address(es):

Date:	Signature of Filing Party(ies)/Filing Party(ies)' Attorney:
	Print/Type Name:

RESPONSE TO MOTION/CERTIFICATE OF SERVICE

- I DO NOT OBJECT to this Motion.
- I DISAGREE with this Motion for the following reasons:

Reserved for Court Use

I have read this Response, know the contents and verify that the statements are true to my personal knowledge and belief. **I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF HAWAII THAT THE ABOVE IS TRUE AND CORRECT.**

CERTIFICATE OF SERVICE

I certify that a copy of this Response was served at the last known address(es) of the Opposing Party(ies) or Opposing Party(ies)' attorney on _____ by Hand-delivery or Mail, Postage Prepaid, at the following address(es):

Date:	Signature of Responding Party(ies)/Responding Party(ies)' Attorney:
	Print/Type Name:

In accordance with the **Americans with Disabilities Act** if you require an accommodation for your disability, please contact the District Court Administration Office at PHONE NO. 244-2800, FAX 244-2849, or TTY 244-2889 at least ten (10) working days in advance of your hearing or appointment date. For all Civil related matters, please call 244-2706 or visit the Service Center at 2145 Main Street, Room 141, Wailuku, HI 96793.