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

Plaintiff	Reserved for Court Use Civil No.
Defendant Against Defendant: Name(s)	Filing Party/Attorney Name, Attorney Number, Firm Name (if applicable), Address, Telephone and Fax Number or Email

EX PARTE MOTION FOR DEFAULT JUDGMENT

Plaintiff moves for an Order Granting Default Judgment against Defendant on the grounds that Defendant has failed to answer, appear or otherwise defend, and the time to otherwise move or plead has expired and has not been extended in this action.

This Motion is made pursuant to District Court Rules of Civil Procedure, Rule 55(b)(2), and is based upon the attached Declaration, Exhibits 1 through _____, and the records and files herein.

Date:	Signature of Filing Party/Attorney: Print/Type Name:

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 THAT THE FOLLOWING IS TRUE AND CORRECT:**

1. I am ☐ Plaintiff or ☐ associated with Plaintiff as _____ and submit this based upon the personal knowledge and information from the business records maintained in the ordinary course of business and from entries made therein at or near the time of the events so recorded.
2. The following facts show why Defendant owes the unpaid amounts requested by the Plaintiff. (Attach continuation sheet if necessary).

3. Attached as Exhibits 1 through _____ are correct copies of the documents in support of Plaintiff's claims for judgment.
4. Based upon my experience as _____, the amount claimed by Plaintiff are fair and reasonable.
5. Defendant is not in the military service of the United States as defined by the Servicemembers Civil Relief Act.

Date:	Signature of Declarant: Print/Type Name:

COURT ORDER

This Motion is granted. Default Judgment in favor of Plaintiff and against Defendant shall enter as follows:

Principal Amount.....	$_____
Interest	$_____
Attorney's Fees	$_____
Filing Fee	$_____
Service Fee	$_____
Mileage for Service.....	$_____
Other Costs	$_____
Total Default Judgment Amount.....	$_____

Date: Judge

In accordance with the Americans with Disabilities Act and other applicable state and federal laws, if you require an accommodation for a disability when working with a court program, service, or activity, please contact the District Court Administration Office at PHONE NO. (808) 538-5121, FAX (808) 538-5233, or TTY (808) 539-4853 at least ten (10) working days before your proceeding, hearing, or appointment date. **For all Civil related matters, please call (808) 538-5151 or visit the District Court Service Center at 1111 Alakea Street, Third (3rd) Floor.**

I certify that this is a full, true, and correct copy of the original on filed in this office.

_____
Clerk, District Court of the above Circuit, State of Hawai'i

Clear form