STATE OF HAWAI'I CIRCUIT COURT OF THE CIRCUIT	JUDGMENT				
CASE NUMBER		FILING PARTY/ATTORNEY NAME & NO., ADDRESS, PHONE, EMAIL			
CASE NAME					
JUDGMENT					
		Circuit Court of the presiding. The		Circuit, the Honorable, has been duly and the	
has rendered its . In consideration thereof,					
		ED, AND DECREED:			
That on the	filed by				3
Judgment is hereby entered in fa	vor of	and against			
		, and	is enjoined fi	rom	
All other claims, counterclaims, or cross-claims are dismissed prejudice.					
DATE JUDGE			JUDGE SIGNA	TURE	
NOTICE OF ENTRY THIS ORDER HAS BEEN ENTERED AND COPIES MAILED OR DELIVERED TO ALL PARTIES.					
DATE CLERK		D AND COPIES MAILED O	CLERK SIGNAT		
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 Administration Office on OAHU- Phone No. 808-539-4400, TTY 808-539-4853, FAX 539-4402; MAUI- Phone No. 808-244-2929, FAX 808-244-2777; HAWAII- Phone No. 808-961-7424, TTY 808-961-7422, FAX 808-961-7411; KAUAI- Phone No. 808-482-2533, FAX 808-482-2509, at least ten (10) working days prior to your hearing or appointment date.					