CASE NUMBER STATE OF HAWAI'I REQUEST FOR WITHDRAWAL OF CIRCUIT COURT **EXHIBIT AND RECEIPT/DEPOSITIONS** OF THE THIRD CIRCUIT PLAINTIFF, VS. DEFENDANT. Undersigned requests withdrawal of the exhibit/depositions listed below entered in this cause for the reason that: The case has been tried and completed; appeal will not be taken, and the withdrawal of the exhibits/depositions will not prejudice the parties. Other reason withdrawal of exhibits/depositions will not prejudice the parties. Upon withdrawal, the listed exhibits/depositions will be delivered to the following person(s) who is (are) the person(s) entitled to them:

DATE	ATTORNEY		REQUESTING PARTY	
	DATE	JUDGE		
APPROVED				



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 at PHONE NO. 961-7440, FAX 961-7416, or TTY 961-7525 at least ten (10) working days prior to your hearing or appointment date.

RECEIVED f	rom the court clerk the following exhibits/depositions entered in the above cause.
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1	
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DATE	RECIPIENT
1	
1	