

BENCH WARRANT

Form #3DC03

IN THE DISTRICT COURT OF THE THIRD CIRCUIT _____ DIVISION STATE OF HAWAI'I	
THE STATE OF HAWAI'I vs.	
Name of ARRESTEE: DOB: SSN:	Reserved for Court Use
Address of ARRESTEE:	Civil No. BW No.
Plaintiff(s)	Filing Party/Attorney Name, Attorney Number (if applicable), Address, Telephone and Fax Numbers
Defendant(s)	
Date Bench Warrant Ordered:	

BENCH WARRANT

THE STATE OF HAWAI'I:

TO: The Director of Law Enforcement or any police officer or other person authorized by the laws of the State of Hawai'i.

Because above-named person (ARRESTEE) was duly ordered to appear before this Court at the Original Hearing Date and Time stated above, and failed to so appear:

You are commanded to arrest and bring ARRESTEE before the Presiding District Judge of this Court, in his/her Courtroom, on the day and at the time designated by the checked box on the reverse side, then and there to show cause why ARRESTEE should not be found guilty of contempt of court.

UNLESS AUTHORIZED IN WRITING, THIS WARRANT MAY NOT BE EXECUTED BETWEEN THE HOURS OF 10:00 P.M. AND 6:00 A.M. ON PREMISES NOT OPEN TO THE PUBLIC.

Date:	Judge of the above-entitled Court
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BAIL SET AT: \$	
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BENCHWARRANT	I certify that this is a full, true, and correct copy of the original on file in this office. _____ Clerk, District Court of the above Circuit, State of Hawai'i
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COURT DATE AND ADDRESSES:

- North and South Hilo Division, 777 Kilauea Ave., 2nd Floor, Hilo, Hawai'i** at **8:30 a.m.** on the second **Wednesday** following the date of service, and should said **Wednesday** be a legal holiday then upon the next **Wednesday**.

- Puna Division, 777 Kilauea Ave., 2nd Floor, Hilo, Hawai'i** at **8:30 a.m.** on the second **Monday** following the date of service, and should said **Monday** be a legal holiday then upon the next **Monday**.

- North and South Kona Division, 74-5451 Kamakaeha Ave., Kailua-Kona, Hawai'i** at **1:00 p.m.** on the second **Tuesday** following the date of service which is at least 72 hours prior to the court date, and should said **Tuesday** be a legal holiday then upon the next **Tuesday**.

- Ka'u Division, 74-5451 Kamakaeha Ave., Kailua-Kona, Hawai'i** at **1:00 p.m.** on the second **Tuesday** following the date of service which is at least 72 hours prior to the court date, and should said **Tuesday** be a legal holiday then upon the next **Tuesday**.

- South Kohala Division, 67-5187 Kamamalu St., Kamuela, Hawai'i** at **8:30 a.m.** on the second or fourth **Thursday** of the month following the date of service which is at least 72 hours prior to the court date. Otherwise, you must appear on the following second or fourth **Thursday** of the month. Should said **Thursday** be a legal holiday, then upon the next second or fourth **Thursday of the month**.

- Hamakua Division, 67-5187 Kamamalu St., Kamuela, Hawai'i** at **8:30 a.m.** on the second or fourth **Thursday** of the month following the date of service which is at least 72 hours prior to the court date. Otherwise, you must appear on the following second or fourth **Thursday of the month**. Should said **Thursday** be a legal holiday, then upon the next second or fourth **Thursday** of the month.

- North Kohala Division, 67-5187 Kamamalu St., Kamuela, Hawai'i** at **8:30 a.m.** on the second or fourth **Thursday** following the date of service which is at least 72 hours prior the the court date. Otherwise, you must appear on the following second or fourth **Thursday of the month**. Should said **Thursday** be a legal holiday, then upon the next second or fourth **Thursday of the month**.

I am duly authorized by Hawai'i law to serve this Bench Warrant and I executed this Bench Warrant on the following person:

at _____

on this _____ day of _____, 20 _____.

Signature of Serving Officer:

Date:

Print/Type Name:

Badge No.:



If you need an accommodation for a disability when participating in a court program, service, or activity, please contact the ADA Coordinator as far in advance as possible to allow for time to provide an accommodation. Call the ADA Coordinator at (808) 961-7629, Fax (808) 961-7577. Send an e-mail to adarequest@courts.hawaii.gov. The ADA coordinator will try to provide, but cannot guarantee, the requested auxiliary aid, service, or accommodation.