

CERTIFICATE OF SERVICE

Form# 3DC04

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

Plaintiff(s)

Reserved for Court Use

Civil No.

Defendant(s)

Filing Party/Attorney Name, Attorney Number (if applicable),
Address, Telephone and Fax Numbers

Name of Document(s) being Served and Filing Date of Document(s):

CERTIFICATE OF SERVICE

I certify that on (date): _____ I served the above-named document(s) on all parties or their attorney
by Hand-delivery or Mail, addressed as follows:

Signature of Filing Party/Attorney:

Date:

Print/Type Name:



In accordance with the **Americans with Disabilities Act** if you require an accommodation for your disability, please contact the ADA Coordinator at PHONE NO. (808) 961-7424, FAX (808) 961-7411, or TTY (808) 961-7422 at least ten (10) working days in advance of your hearing appointment date. **For Civil related matters, please call or visit the District Court Civil Section at Hilo Division, 777 Kilauea Avenue, Hilo, Ph. (808) 961-7515 • Kohala Division, 67-5187 Kamamalu St., Kamuela, Ph. (808) 443-2030 • Kona Division, 79-1020 Haukapila St., Kealahou, Ph. (808) 322-8700.**

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