

RELEASE OF GARNISHEE; CERTIFICATE OF SERVICE

IN THE DISTRICT COURT OF THE THIRD CIRCUIT _____ DIVISION STATE OF HAWAI‘I	
Plaintiff(s)	Reserved for Court Use XD Court Date: _____ Rec # _____ \$ _____ Civil No. _____
Defendant(s)	Filing Party(ies)/Filing Party(ies)' Attorney (Name, Attorney Number, Firm Name (if applicable), Address, Telephone and Facsimile Numbers)
Name of Garnishee to be released:	Date Garnishee Order granted: (if none, date of Garnishee Summons)

RELEASE OF GARNISHEE

Judgment Creditor(s) requests that Garnishee, above named, be released from the above dated Garnishee Summons/Garnishee Order.

CERTIFICATE OF SERVICE

I certify that a copy of this Release was served at the last known address(es) of Garnishee(s) or Garnishee(s)' attorney listed below on _____ by Hand delivery or Mail, Postage Prepaid at the following address(es):

Date:	Signature of Declarant: _____ Print/Type Name:
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In accordance with the **Americans with Disabilities Act**, and other applicable State and Federal laws, if you require an accommodation for your disability when working with a court program, service, or activity please contact the ADA Coordinator at PHONE NO. (808) 961-7424, FAX (808) 961-7411, or TTY (808) 961-7422 **at least (10) working days before** your proceeding, hearing, or appointment date.

For all Civil related matters, please call or visit the District Court at: Hilo Division, 777 Kilauea Avenue, Hilo, Ph. (808) 961-7515 • Kohala Division, 67-5187 Kamamalu Street, Kamuela, Ph. (808) 443-2030 • Kona Division, 79-1020 Haukapila Street, Kealahou, Ph. (808) 322-8700.

RELSGARN

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