

**CERTIFICATE OF SERVICE**

**IN THE DISTRICT COURT OF THE SECOND CIRCUIT  
 \_\_\_\_\_ DIVISION  
 STATE OF HAWAII**

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:

Date:

Signature of Filing Party/Attorney:

Print/Type Name:

In accordance with **Americans with Disabilities Act** and other applicable State and Federal disability laws, if you require an accommodation for a disability when working with a court program, service, or activity, please contact the District Court Administration Office at PHONE NO. 244-2800, FAX 244-2849, or [adarequest@courts.hawaii.gov](mailto:adarequest@courts.hawaii.gov) at least ten (10) working days prior to your hearing or appointment date.

**For all Civil related matters, please call 244-2706 or visit the Service Center at 2145 Main St. Rm. 141A, Wailuku, HI 96793**