

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

Plaintiff

Reserved for Court Use

Civil No.

Defendant

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

List name of Person to be examined or  
Person having failed to appear:

Filing date of Motion for Order for Examination:

**EX PARTE MOTION FOR  DISCONTINUANCE OF ORDER FOR  
EXAMINATION AND/OR  RECALL OF BENCH WARRANT**

Judgment Creditor requests to  discontinue the above dated Order for Examination or Order for Examination on Judgment Debtor(s)/Person Having Knowledge and/or  to recall Bench Warrant ordered on \_\_\_\_\_ and issued on \_\_\_\_\_. The Bench Warrant number is \_\_\_\_\_.

**CERTIFICATE OF SERVICE**

I certify that I served the Judgment Debtor(s), Person Having Knowledge, or their Attorney on (date) \_\_\_\_\_ by  Hand-delivery or  Mail at the following address:

Date:

Signature of Filing Party/Attorney:

Print/Type Name:

Date:

Approved and So Ordered:

Judge



In accordance with the *Americans with Disabilities Act* and other applicable state and federal 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 email [adarequest@courts.hawaii.gov](mailto:adarequest@courts.hawaii.gov) at least ten (10) working days before your proceeding, hearing, or appointment date.

**For all Civil related matters, please call 244-2706 or visit the Service Center at 2145 Main St, Room 141, Wailuku, Hawai'i.**

I certify that this is a full, true, and correct  
copy of the original on filed in this office.

\_\_\_\_\_  
Clerk, District Court of the above Circuit, State of Hawai'i