

<b>IN THE DISTRICT COURT OF THE SECOND CIRCUIT</b> _____ <b>DIVISION</b> <b>STATE OF HAWAI'I</b>
--

Plaintiff(s)
--------------

Reserved for Court Use

Civil No.
-----------

Filing Party(ies)/Filing Party(ies)' Attorney (Name, Attorney Number, Firm Name (if applicable), Address, Telephone and Facsimile Numbers)
--

Defendant(s)
--------------

**EXEMPLIFICATION**

I, \_\_\_\_\_, the undersigned Clerk of the above-entitled Court, certify that the attached is a full, true, and correct copy of the original document on file.  
**IN WITNESS** I have signed this exemplification and affixed the seal of this Court.

Date:	
-------	--

	Clerk of the above-entitled Court
--	-----------------------------------

I, \_\_\_\_\_, District Judge of the above-entitled Court, certify that said Court is a Court of Record having a Clerk and Seal; that the court Clerk who signed the foregoing attestation is a duly appointed and qualified Clerk of said Court, and was, at the time of signing the same such Clerk, and as such, duly qualified to execute said certificate of attestation; that the same is in due form according to the laws of the State of Hawai'i; that the signature to said attestation is in the Clerk's genuine handwriting, and that all his/her official acts, as such Clerk, are entitled to full faith and credit.  
**IN WITNESS** my signature and the seal of this Court.

Date:	
-------	--

	Judge of the above-entitled Court
--	-----------------------------------

I, \_\_\_\_\_, Court Administrator of the above-entitled Court, certify that the Honorable Judge, whose name is subscribed to the preceding certificate, was, at the time of signing the same Judge of this Court and was duly commissioned, qualified and authorized by law to execute said certificate, and that his/her signature to said certificate is genuine.  
**IN WITNESS** I have signed this exemplification and affixed the seal of this court.

Date:	
-------	--

	Court Administrator of the above-entitled Court
--	---

In accordance with the **Americans with Disabilities Act** if you require an accommodation for your disability, 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 in advance of your hearing or appointment date. For all civil matters, please call 244-2706 or visit the Service Center at 2145 Main Street, Room 141, Wailuku, HI 96793.

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