GARNISHEE DISCLOSURE	Form #2DC20
In The District Court of the Second Circuit Division	
STATE OF HAWAI'I	
Plaintiff(s)	
Defendant(s)	-
	Reserved for Court Use Court Date:
	Garnishee Fee paid # \$
Garnishee/Garnishee's Attorney (Name, Attorney Number, Firm Name (if applicable), Address, Telephone and Facsimile Numbers)	Civil No.
	Judgment Creditor(s)/Judgment Creditor(s)' Attorney
Garnishee's Name and Address:	
Judgment Debtor(s):	
GARNISHEE Carnishee above named, and in response to Garnishee Summons serve	
	ebtor(s) in its possession for safekeeping, or Judgment Debtor(s) did ns, annuity or net income or portion of net income under a trust) or
	in its hands, Garnishee was indebted to Judgment Debtor(s), ession for safekeeping, or Judgment Debtor(s) did owe wages or was ns, annuity or net income or portion of net income under a trust) from
I have read this Disclosure, know the contents and verify that the s DECLARE UNDER PENALTY OF PERJURY UNDER THE LAW TRUE AND CORRECT.	
In accordance with the Americans with Disabilities Act if you in District Court Administration Office at PHONE NO. 244-2800, ten (10) working days in advance of your hearing or appointments Service Center at 2145 Main Street, Room 141, Wailuku, HI 9679	FAX 244-2849, or email adarequest@courts.hawaii.gov at least ent date. For all civil matters, please call 244-2706 or visit the
Signature of Garnishee/Garnish	

Print/Type Name and Title/Relationship to Garnishee:

Date: