

**COMPLAINT (PERSONAL INJURY/ PROPERTY DAMAGE);
SUMMONS**

Form 1DC09

IN THE DISTRICT COURT OF THE FIRST CIRCUIT _____ DIVISION STATE OF HAWAII	
Plaintiff	Reserved for Court Use
	Civil No.
Defendant	Filing Party/Attorney Name, Attorney Number, Firm Name (if applicable), Address, Telephone and Fax Number or Email
	Date of Injury/Damage:

COMPLAINT

1. This Court has jurisdiction over this matter and venue is proper.
2. On or about the date of injury/damage stated above, defendant intentionally and/or negligently injured Plaintiff and/or damaged Plaintiff's property as follows: (state location of incident and briefly explain what happened)

3. As a result of the incident, Defendant caused the following damages:
 - Physical Injury (Do not state the dollar amount, but give a brief description of the injury):

 - Property Damage in the amount of \$ _____ (Describe the type of damage):

4. Defendant has refused to pay for Plaintiff's damages.
5. The Servicemembers Civil Relief Act, 50 U.S.C. App. § 501 may apply to a defendant who is classified active duty as defined in the Act. Please check all that apply.
 - To the best of my knowledge, the Defendant is not an active duty member of the US Military.
 - The following Defendant is an active duty member of the US Military. Name: _____.
 - I am unable to determine whether the Defendant is an active duty member of the US Military. Please attach a separate sheet indicating what attempt was made to determine Defendant's military status.
6. Plaintiff asks for judgment against defendant for the damages proved. In addition, the court may award court costs, interest and reasonable attorney's fees as allowed by statute.

Date:	Signature of Filing Party/Attorney:
	Print/Type Name:

For all Civil related matters, please call **(808) 538-5629** or visit the District Court Service Center at 1111 Alakea Street, Third (3rd) Floor, Honolulu, HI 96813

Americans with Disabilities Act Notice



If you need an accommodation for a disability when participating in a court program, service or activity, please contact the ADA Coordinator as soon as possible to allow the court time to provide an accommodation:

- Call (808) 538-5121; or
- Send an email to adarequest@courts.hawaii.gov

The court will try to provide, but cannot guarantee, your requested auxiliary aid, service or accommodation.