

**MOTION FOR RECONSIDERATION OR NEW TRIAL;
DECLARATION; NOTICE OF MOTION; CERTIFICATE
OF SERVICE**

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

Plaintiff(s)

Reserved for Court Use

Civil No.

Defendant(s)

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

Trial/Motion Judge:

MOTION FOR RECONSIDERATION OR NEW TRIAL

Filing Party requests that this Motion be set for hearing on a date and time certain. This Motion is based on the Declaration below and is made pursuant to:

- District Court Rules of Civil Procedure, Rule _____;
 New trial under District Court Rules of Civil Procedure, Rule 59.

DECLARATION

1. I am the Movant or associated with the Movant as _____;

2. The following are facts why the Motion should be granted (Attach additional page(s), if necessary):

I DECLARE UNDER PENALTY OF LAW THAT WHAT I HAVE STATED IS TRUE AND CORRECT.

Date:

Signature of Declarant:

Print/Type Name:

SEE PAGE 2 FOR NOTICE OF MOTION AND TO RESPOND TO THE MOTION

NOTICE OF MOTION

TO _____:
Please take notice that this Motion will be heard by the District Judge of this Court, in his/her Courtroom, at the address checked below on (Day): _____, (Date): _____ at (Time): _____, _____.m. or as soon thereafter as parties may be heard.

COURT ADDRESSES

- Honolulu Division
- 'Ewa Division
- Ko'olaupoko OR Ko'olauloa Division
- Wahiawā OR Waialua Division
- Wai'anae Division

1111 Alakea Street, 10th Floor, Honolulu, Hawai'i
 870 Fourth Street, Pearl City, Hawai'i
 45-939 Po'okela Street, Kāne'ohe, Hawai'i
 1034 Kilani Avenue, Wahiawā, Hawai'i
 4675 Kapolei Parkway, Kapolei, Hawai'i

Mailing address for the above Courts: 1111 Alakea Street, Civil Division, Third (3rd) Floor, Honolulu, Hawai'i 96813

CERTIFICATE OF SERVICE

I certify that on (date): _____ I served a copy of this Motion on all parties or their attorneys by
 Hand-delivery or Mail, addressed as follows:

Signature of Filing Party/Attorney:

Date:

Print/Type Name:

RESPONSE TO THE MOTION/CERTIFICATE OF SERVICE

- I DO NOT OBJECT** to this Motion.
- I DISAGREE** with this Motion for the following reasons (Attach additional page(s), if necessary):

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I DECLARE UNDER PENALTY OF LAW THAT WHAT I HAVE STATED IS TRUE AND CORRECT.

CERTIFICATE OF SERVICE

I certify that on (date): _____ I served a copy of this Response To The Motion on all parties or their attorneys by Hand-delivery or Mail, addressed as follows:

Signature of Responding Party/Attorney:

Date:

Print/Type Name:



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. 538-5121, FAX 538-5233, or TTY 539-4853 at least ten (10) working days before your proceeding, hearing, or appointment date.
For all Civil related matters, please call 538-5151 or visit the District Court Service Center at 1111 Alakea Street, Third (3rd) Floor.