Defendant's Name					
AddressCity, State, Zip CodeTelephone No				_ _ _	
IN THE DIS	\$	State of 1		CIRCUIT	
STATE OF HAWAI'I,		)		Citation No.:	
VS.		) ) )	DEFEND	ANT'S MOTION TO	0
Defe	ndant.	)	WORK		
	it Name)		, was o	ordered to perform	hours of
					nen remam
undone. I request that the €			munity servic		
	Jail (for cri	iminal co	onvictions ON	NLY).	
Dated: (City)	, Hawaii	,	(Date)		
			Signatu	re of Defendant	