□ PLAINTIFF(S)' □ DEFENI		Form #2DC3
MOTION \square TO \square FOR $\underline{\hspace{1cm}}$ DECLARATION; NOTICE OF HE	ARING; CERTIFICATE OF SERV	ICE
In The District Cour	F OF THE SECOND CIRCUIT DIVISION	
STATE OF		
Plaintiff(s)		
		Reserved for Court Use
		Civil No.
Defendant(s)		Filing Party(ies)/Filing Party(ies)' Attorney (Name, Attorney Number, Firm Name (if applicable), Address, Telephone and Facsimile Numbers)
made pursuant to: ☐ Rules of the District Courts ☐ District Court Rules of Civil	of the State of Hawai'i, Rule Procedure, Rule ivision of the District Courts, Rule	nd time certain. This Motion is based on the Declaration below and is;;
UNDER PENALTY OF PERJUR CORRECT: 1. I am the ☐ Movant or	Y UNDER THE LAWS OF THE S □ associated with Movant as	EATION tements are true to my personal knowledge and belief. I DECLARE STATE OF HAWAI'I THAT THE FOLLOWING IS TRUE AND ; ach continuation sheet, if necessary);
	Signature of Declarant:	
Date:	Print/Type Name:	
	NOTICE OF	HEARING

SEE AND USE PAGE 2 TO RESPOND TO MOTION (Rev. 7-28-2017)

20____, at _____a.m. or as soon thereafter as parties

may be heard.

the reverse side on _____

Please take notice that this Motion will be heard before the Presiding Judge of this Court in his/her Courtroom, at the address checked on

(continued on reverse side)

	COURT ADDRESSES			
 [] Wailuku Division (Regular Claims) [] Wailuku Division (Small Claims) [] Lahaina Division [] Hana Division [] Moloka'i Division [] Lana'i Division 		2145 Main Street, Courtroom 3C, Third Floor, Wailuku, Hawai'i, 96793 2145 Main Street, Courtroom 3D, Third Floor, Wailuku, Hawai'i, 96793 1870 Honoapiilani Highway, Lahaina, Hawai'i, 96761 4974 Uakea Road, Hana, Hawai'i, 96713 55 Makaena Place, Kaunakakai, Moloka'i, Hawai'i, 96748 312 8th Street, Lana'i City, Lana'i, Hawai'i, 96763		
Mailing address for the above Courts: 2145 Main Street, Room 106, Wailuku, Hawai'i 96793.				
CERTIFICATE OF SERVICE I certify that a copy of this Motion was served at the last known address(es) of the Opposing Party(ies) or Opposing Party(ies)' attorney on by Hand-delivery or Mail, Postage Prepaid, at the following address(es):				
Date:	Signature of Filing Party(ies)/	Filing Party(ies)' Attorney:		
	Print/Type Name:			
RESPONSE TO MOTION/CERTIFICATE OF SERVICE				
☐ I DO NOT OBJECT to this Motion. ☐ I DISAGREE with this Motion for the following reasons: (Attach continuation page, if necessary). Reserved for Court Use				
I have read this Response, know the contents and verify that the statements are true to my personal knowledge and belief. I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF HAWAI'I THAT THE ABOVE IS TRUE AND CORRECT.				
CERTIFICATE OF SERVICE I certify that a copy of this Response was served at the last known address(es) of the Opposing Party(ies) or Opposing Party(ies)' attorney on by Hand-delivery or Mail, Postage Prepaid, at the following address(es):				
	Signature of Responding Party	(ies)/Responding Party(ies)' Attorney:		
Date:	Print/Type Name:			
In accordance with the Americans Court Administration Office at PH	s with Disabilities Act if you a IONE NO. 244-2800, FAX 24 appointment date. For all Civi	require an accommodation for your disability, please contact the District 4-2849, or email adarequest@courts.hawaii.gov at least ten (10) working I related matters, please call 244-2706 or visit the Service Center at 2145		

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