DISTRICT COURT OF THE THIRD CIRCUIT	
STATE OF HAWAI'I	
Plaintiff(s)	
	Reserved for Court Use
	Civil No.
Defendants(s)	Filing Party Name, Attorney, Address, Telephone and Fax Number
MOTION T	O DISMISS
Filing Party(ies) request that this Motion be set for hearing on a da	te and time certain. This Motion is based on the District Court

Rules of Civil Procedure, Rule ______ and the Declaration below.

DECLARATION

1. I am the \Box Movant or \Box associated with Movant as____

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

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF HAWAI'I THAT THE FOLLOWING IS TRUE AND CORRECT:

Signature of Declarant:

Print/Type Name:

Date:

	NOTICE OF MOTION
ТО:	
Please take notice that this	Motion will be heard by the District Judge of the Court, in his/her Courtroom, at the address below:
on (Day), (l	Date) 20 atM., or as soon thereafter as parties may be heard.
COURT ADDRESS	
North & South Hilo Di	ivision 777 Kilauea Avenue, 2nd Floor, Hilo, Hawai'i 96720-4212
Puna Division	777 Kilauea Avenue, 2nd Floor, Hilo, Hawai'i 96720-4212
📮 North & South Kona I	Division 79-1020 Haukapila Street, Kealakekua, Hawai'i 96750
□ Ka'ū Division — To be heard at North & South Kona Division	
Kona: 79-1020 Haukapila Street, Kealakekua, Hawaiʻi 96750	
South Kohala Division	67-5187 Kamamalu Street, Kamuela, Hawai'i 96743
Hāmākua Division — To be heard at South Kohala Division	
67-5187 Kamamalu Street, Kamuela, Hawaiʻi 96743	
North Kohala Division — To be heard at South Kohala Division	
67-5187 Kamamalu Street, Kamuela, Hawai'i 96743	
Mailing Address for the court: T77 Kilauea Avenue, Hilo, Hawaiʻi 96720-4212	
🗖 79-1020 Haukapila Street, Kealakekua, Hawaiʻi 96750 🗖 67-5187 Kamamalu Street, Kamuela, Hawaiʻi 96743	
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 \Box Hand delivery or \Box Mail, Postage Prepaid, at the following address(es)	
	Signature of Filing Dorty(ing)/Filing Dorty(ing)' Attorney
Date:	Signature of Filing Party(ies)/Filing Party(ies)' Attorney
	Print/Type Name
RESPONSE TO MOTION/CERTIFICATE OF SERVICE	
I DO NOT OBJECT to thi	s Motion.
	tion for the following reasons:
(Attach continuation page	e, if necessary)
	Reserved for Court Use
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 Motion	n was served at the last known address(es) of the Opposing Party(ies) or Opposing Party(ies)' attorney
on by \Box Hand delivery or \Box Mail, Postage Prepaid, at the following address(es)	
	Signature of Bespending Derty/ice)/Bespending Derty/ice)' Attorney
	Signature of Responding Party(ies)/Responding Party(ies)' 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	
your disability when working with a court program, service, or activity please contact the District Court Administration Office at PHONE NO.	
961-7424, FAX 961-7411, OR TTY 961-7422 at least (10) working days in advance of your hearing, or appointment date.	