

CERTIFICATE OF SERVICE**IN THE DISTRICT COURT OF THE FIRST CIRCUIT

DIVISION
STATE OF HAWAII**

Plaintiff(s)

Reserved for Court Use

Civil No.

Defendant(s)

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

Name of Document(s) being Served and Filing Date of Document(s):

CERTIFICATE OF SERVICE

I certify that on (date): _____ I served the above-named document(s) on all parties or their attorney
by ☐ Hand-delivery or ☐ Mail, addressed as follows:

Date:

Signature of Filing Party/Attorney:

Print/Type Name:



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

Call First Circuit (Oahu) (808) 538-5121; Second Circuit (Maui) (808) 244-2855; Third Circuit (Hawaii Island): Hilo (808) 961-7629, Kona (808) 961-7629; or Fifth Circuit (Kauai) (808) 482-2347; or send an e-mail to adarequest@courts.hawaii.gov.
The ADA Coordinator will work to provide, but cannot guarantee, the requested auxiliary aid, service or accommodation.