

COUNTERCLAIM; CERTIFICATE OF SERVICE; DECLARATION**IN THE DISTRICT COURT OF THE FIRST CIRCUIT

DIVISION
STATE OF HAWAII**

Plaintiff

Reserved for Court Use

Civil No.

Defendant

Defendant/Defendant's Attorney Name, Attorney Number, Firm Name (if applicable), Address, Telephone number

COUNTERCLAIM

1. On or about _____, Plaintiff owed money to Defendant as follows:
(Attach continuation page, if necessary).

2. Defendant asks for judgment against Plaintiff in the sum of \$ _____.
In addition, the court may award court costs, interest and reasonable attorney's fees.

CERTIFICATE OF SERVICE

I certify that a copy of this Counterclaim was served on the Opposing Party or their attorney on (date) _____
by ☐ Hand-delivery or ☐ Mail at the following address:

Date:

Signature of Defendant/Defendant's Attorney:

Print/Type Name:

DECLARATION

I have read this Counterclaim, know the contents and verify that the statements are true to my personal knowledge and belief. **I DECLARE UNDER PENALTY OF LAW THAT THE ABOVE IS TRUE AND CORRECT.**

Date:

Signature of Declarant:

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.

I certify that this is a full, true, and correct
copy of the original on file in this office.

Clerk, District Court of the above Circuit, State of Hawai'i