

IN THE DISTRICT COURT OF THE FIRST CIRCUIT _____ DIVISION STATE OF HAWAI‘I	
Plaintiff	Reserved for Court Use
	Civil No.
Defendant	Filing Party/Attorney Name, Attorney Number, Firm Name (if applicable), Address, Telephone and Fax Number or Email
NON-HEARING MOTION FOR CONTINUANCE <input type="checkbox"/> Answer <input type="checkbox"/> Returnable (Summary Possession cases) <input type="checkbox"/> Hearing-Type of Motion: _____ <input type="checkbox"/> Trial <input type="checkbox"/> Pre-Trial <input type="checkbox"/> Other-Specify: _____ The Filing Party requests that this Motion be granted for the reasons stated in the Declaration below.	
DECLARATION I have read this Motion, know the contents and verify that the statements are true to my personal knowledge and belief. I DECLARE UNDER PENALTY OF PERJURY THAT THE FOLLOWING IS TRUE AND CORRECT: that Filing Party wishes to continue this proceeding to the date and for the reason stated below. <input type="checkbox"/> I have contacted the Opposing Party or their attorney and they will not agree to the continuance, or <input type="checkbox"/> I have tried several times to contact them by telephone and/or mail and they have not returned my calls or answered my letters. Explain why you will not be available and want this continuance: (Attach continuation page, if necessary). Old Date/Time: _____ New Date/Time: _____ No. of Prior Continuances: _____	
NOTICE OF MOTION TO: _____: NOTICE IS GIVEN that the undersigned has filed this Motion. Any response to this Motion must be in writing on the reverse side and filed with the Court no later than 5 days from the date shown on the Certificate of Service when the Motion is hand-delivered or 7 days excluding Saturday, Sunday, and legal holidays when the Motion is mailed. Your written response can be delivered or mailed to the Court at 1111 Alakea Street, Civil Division, Third Floor, Honolulu, Hawai‘i 96813. IF NO RESPONSE IS RECEIVED BY THE COURT BY THE DATES SPECIFIED IN THIS NOTICE, THIS MOTION MAY BE GRANTED.	
Date:	Signature of Declarant/Attorney: Print/Type Name:

SEE AND USE REVERSE SIDE TO RESPOND TO MOTION

I certify that this is a full, true, and correct copy of the original on filed in this office.
_____ Clerk, District Court of the above Circuit, State of Hawai‘i



CERTIFICATE OF SERVICE

I certify that I served a copy of this Motion to the Opposing Party or Opposing Party's attorney on (date)_____ by
☐ Hand-delivery or ☐ Mail, addressed as follows:

Date:

Signature of Filing Party/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 THAT WHAT I HAVE STATED IS TRUE AND CORRECT.**

CERTIFICATE OF SERVICE

I certify that I served a copy of this Response to the Filing Party or Filing Party's attorney on (date)_____ by
☐ Hand-delivery or ☐ Mail, addressed as follows:

Date:

Signature of Opposing Party/Attorney:

Print/Type Name:

Reserved for Court Use

COURT ORDER

- ☐ This Motion is granted and you must appear at the new date and time stated in the Declaration on the reverse side.
- ☐ This Motion is denied and you must appear at the old date and time stated in the Declaration on the reverse side.
- ☐ This Motion is partially granted and you must appear at _____ .m. on _____ for

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> ANSWER | <input type="checkbox"/> HEARING ON MOTION |
| <input type="checkbox"/> RETURNABLE | <input type="checkbox"/> PRE-TRIAL |
| <input type="checkbox"/> TRIAL | <input type="checkbox"/> OTHER- _____ |

Date:

Judge



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.