

PLEASE BE ADVISED This form as executed shall be FILED and, thereby, shall be made part of the case record	CIRCUIT COURT OF THE FIRST CIRCUIT LEGAL DOCUMENTS BRANCH REQUEST TO ACCESS COURT RECORD (HCRR) <input type="checkbox"/> Attachment(s)-Page(s) _____	REG NO. _____ DATE: _____
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REQUESTED BY:	PHONE CONTACT:
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CASE TYPE:	CASE NUMBER:	<i>Present one form of identification listed below:</i>
		Driver's License of State I.D. (State)
		Military I.D.

NAMES OF PARTIES TO THE CASE:	Passport (Country)
	Other:

I am the: <i>(Check one →)</i>	<input type="checkbox"/> Plaintiff/Petitioner	<input type="checkbox"/> Defendant/Respondent
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I am the Attorney of Record for: <i>(Check one →)</i>	<input type="checkbox"/> Plaintiff/Petitioner	<input type="checkbox"/> Defendant/Respondent
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I am NOT a party to this case: <i>(Check here →)</i>	ACCESS DENIED/REASON: By Title:
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PLEASE "√" REQUESTED SERVICES

<input type="checkbox"/> To inspect the record	<input type="checkbox"/> To request the "Search by Clerk" service to locate my case number
<input type="checkbox"/> To obtain copies of ALL documents in the record	<input type="checkbox"/> Other Services:
<input type="checkbox"/> To obtain copies of selected documents in the record	<i>Note: All Services, fees and costs Pursuant to HRS 607-5 and HRCC 2.2 Apply.</i>

	TITLE OF DOCUMENT(S) TO BE COPIED	DATE FILED	# of Plain Copies	# of Certified Copies
1				
2				
3				
4				
5				

Date:	Your Signature	Reserved for Official Use Only
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For Official Use Only			
Notified of Estimated Charges:	YES	NO	Est Amt.
Paid Deposit Amt	Deposit Cashier Receipt No.		
Paid In Full Amt	Memo To Cashier No.		
Total Fees/Costs:	Date Completed/By:		