

IN THE DISTRICT COURT OF THE THIRD 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

Answer Returnable (Summary Possession cases)

Hearing-Type of Motion: _____

Trial Pre-Trial 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. I have contacted the Opposing Party or their attorney and they will not agree to the continuance, or 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 777 Kilauea Avenue, Hilo, Hawai'i 96720 79-1020 Haukapila St., Kealahou, Hawai'i 96750 67-5187 Kamamalu St., Kamuela, Hawai'i 96743. **IF NO RESPONSE IS RECEIVED BY THE COURT BY THE DATES SPECIFIED IN THIS NOTICE, THIS MOTION MAY BE GRANTED.**

Signature of Declarant/Attorney:

Date:

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).

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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:

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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
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In accordance with the Americans with Disabilities Act and other applicable state and federal laws, if you require an accommodation for a disability when working with a court program, service, or activity, please contact the District Court Administration Office at PHONE NO. (808) 961-7424, FAX (808) 961-7411, or TTY (808) 961-7422 at least ten (10) working days before your proceeding, hearing, or appointment date. For Civil related matters, please call or visit the District Court Civil Section at Hilo Division, 777 Kilauea Avenue, Hilo, Ph. (808) 961-7515 • Kohala Division, 67-5187 Kamamalu St., Kamuela, Ph. (808) 443-2030 • Kona Division, 79-1020 Haukapila St., Kealahou, Ph. (808) 322-8700