

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, and Telephone Number)
List name of Person to be examined or Person having failed to appear:	Filing date of Motion for Order for Examination:


**EX PARTE MOTION FOR DISCONTINUANCE OF ORDER FOR
EXAMINATION AND/OR RECALL OF BENCH WARRANT**

Judgment Creditor requests to discontinue the above dated Order for Examination or Order for Examination on Judgment Debtor(s)/Person Having Knowledge and/or to recall Bench Warrant ordered on _____ and issued on _____. The Bench Warrant number is _____.

CERTIFICATE OF SERVICE

I certify that I served the Judgment Debtor(s), Person Having Knowledge, or their Attorney on (date) _____ by Hand-delivery or Mail at the following address:

Date:	Signature of Filing Party/Attorney: Print/Type Name:
Date:	Approved and So Ordered: Judge

 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 Disability Accommodations Coordinator at PHONE NO. (808) 961-7629, FAX (808) 961-7577, or email adarequest@courts.hawaii.gov at least ten (10) working days before your proceeding, hearing, or appointment date.

For all 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.

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