


CERTIFICATE OF SERVICE

IN THE DISTRICT COURT OF THE FIFTH CIRCUIT STATE OF HAWAII	
Plaintiff(s)	Reserved for Court Use
	Civil No.
Defendant(s)	Filing Party(ies)/Filing Party(ies)' Attorney (Name, Attorney Number, Firm Name (if applicable), Address, Telephone and Facsimile Numbers)
Name of Document Being Served and Filing Date:	
CERTIFICATE OF SERVICE	
I certify that a copy of the above described document was served at the last known address(es) of the Opposing Party(ies) or Opposing Party(ies)' attorney on _____ by <input type="checkbox"/> Hand-delivery or <input type="checkbox"/> Mail, Postage Prepaid, at the following address(es):	
Date:	Signature of Filing Party(ies)/Filing Party(ies)' Attorney: Print/Type Name:
 In accordance with the Americans with Disabilities Act if you require an accommodation for your disability, please contact the District Court Administration Office at PHONE NO. 482-2347, FAX 482-2509, OR TTY 482-2533 at least (10) working days in advance of your hearing or appointment date.	