

REQUEST FOR RETURN OF EXHIBITS

Form #5DC46

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)
Trial Hearing Date and Time:	

REQUEST FOR RETURN OF EXHIBITS

Plaintiff(s) Defendant(s) requests the return of all of the requesting Party's exhibits from the Trial/Hearing Date and Time listed above: I certify that judgment has become final, or judgment has become final after appeal, or a dismissal or satisfaction of judgment has been filed, or 30 days have passed since the oral decision was made and no written order has been filed in the case. The exhibits were marked for identification as: Plaintiff(s) Defendant(s)
(list and identify the exhibits)

Date:	Signature of Filing Party(ies)/Filing Party(ies)' Attorney:
	Print/Type Name:

APPROVED

Date:	Judge of the above-entitled Court
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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.