NON-HEARING MOTION FOR DEFAULT JUDGMENT;
DECLARATION; EXHIBITS 1 THROUGH _____;
DECLARATION OF COUNSEL RE ATTORNEY'S FEES;
NOTICE OF MOTION; CERTIFICATE OF SERVICE; ORDER

Form 1DC18

IN THE DISTRICT COURT OF THE FIRST 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

If not against all Defendants only the following:

NON-HEARING MOTION FOR DEFAULT JUDGMENT

Plaintiff moves for an Order Granting Default Judgment against Defendant on the grounds that Defendant failed to appear or otherwise defend at ☐ Pre-Trial conference ☐ Trial or to otherwise defend, and the time to otherwise move or plead has expired and has not been extended in this action. This Motion is made pursuant to District Court Rules of Civil Procedure, Rule 55(b)(2), and is based upon the attached Declaration, Exhibits 1 through _____ and the records and files herein.

Date:	Signature of Filing Party/Attorney: Print/Type Name:

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:**

1. I am ☐ Plaintiff or ☐ associated with Plaintiff(s) as _____ , and submit this based upon personal knowledge and information from business records which are maintained in the ordinary course of business and from entries made therein at or near the time of the events so recorded.
2. The following facts show why defendant owes the unpaid amounts requested by Plaintiff. (Attach continuation sheet if necessary).
3. Attached as Exhibits 1 through _____ are copies of the documents in support of Plaintiff's claims for judgment.
4. Based upon my experience as _____ , the amount claimed by Plaintiff is fair and reasonable.
5. Defendant is not in the military service of the United States as defined by the Servicemembers Civil Relief Act.

Date:	Signature of Declarant: Print/Type Name:

SEE AND USE PAGE 2 TO RESPOND TO MOTION

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 space provided below (attach separate page if more space is needed) and filed with the Court no later than 10 days from the date shown on the Certificate of Service below when the Motion is hand-delivered or 12 days when the Motion is mailed. Your written response can be delivered or mailed to the Court at **1111 Alakea Street, Civil Division, Third Floor, Honolulu, Hawai'i 96813. IF NO RESPONSE IS RECEIVED BY THE COURT BY THE DATES SPECIFIED IN THIS NOTICE, THIS MOTION MAY BE GRANTED.**

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).

Reserved for Court Use

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.**

Date:	Signature of Respondent Party/Attorney: Print/Type Name:

CERTIFICATE OF SERVICE

I certify that I served a copy of this Motion 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:

COURT ORDER

This Motion is granted. Default Judgment in favor of Plaintiff and against Defendant shall enter as follows:

Principal Amount.....	$_____
Interest.....	$_____
Attorney's Fees.....	$_____
Filing Fee.....	$_____
Service Fee.....	$_____
Mileage for Service.....	$_____
Other Costs.....	$_____
Total Default Judgment Amount.....	$_____

Date:	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 District Court Administration Office at PHONE NO. (808) 538-5121, FAX (808) 538-5233, or TTY (808) 539-4853 at least ten (10) working days before your proceeding, hearing, or appointment date. **For all Civil related matters, please call (808) 538-5151 or visit the District Court Service Center at 1111 Alakea Street, Third (3rd) Floor.**

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