

RETURN OF SERVICE; ACKNOWLEDGMENT OF SERVICE

TWO-SIDED FORM

Form #2DC47

IN THE DISTRICT COURT OF THE SECOND CIRCUIT
 _____ **DIVISION**
STATE OF HAWAI'I

Plaintiff(s)

Reserved for Court Use

Court Date:

Civil No.

Requestor(s)/Requestor(s)' Attorney (Name, Attorney Number, Firm Name (if applicable), Address, Telephone and Facsimile Numbers)

Defendant(s)

DOCUMENT(S) SERVED:

NAME OF PARTY SERVED:

ADDRESS WHERE SERVED:

DATE SERVED:

MILEAGE: \$

TIME OF SERVICE:

NUMBER OF MILES TRAVELED:

FULL OR **PARTIAL RETURN OF SERVICE**

I have read this Return of Service, know the contents and verify that the statements are true to my personal knowledge and belief. **I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF HAWAI'I THAT THE FOLLOWING IS TRUE AND CORRECT:**

I, Deputy Sheriff, or Police Officer of the State of Hawai'i, or person who is not a party and is not less than 18 years of age, do certify that I received a certified copy of the documents listed above and that I served same on the Party Served above on the Date and Time of Service and at the Address listed above within the State of Hawai'i as listed on the reverse:

(continued on reverse side)

Signature:

Print/Type Name:

Print/Type Address, Telephone and Facsimile Numbers:

ROS.2XX (Amended 4/18/97)v

SEE REVERSE SIDE

I certify that this is a full, true, and correct
 copy of the original on file in this office.

 Clerk, District Court of the above Circuit, State of Hawai'i

FULL OR PARTIAL RETURN OF SERVICE (continued)

PERSONAL: By delivering to and leaving with _____, personally.

SUBSTITUTE: [District Court Rules of Civil Procedure 4(d)(1)(i)] After due and diligent search and inquiry, I served the named party through _____, a person of suitable age and discretion then residing at said party's usual place of abode, since the party could not be found.

SUBSTITUTE: [District Court Rules of Civil Procedure 4(d)(1)(ii)] I served the named party through _____, _____ authorized agent to receive service of process for said party.

BUSINESS/CORPORATION/GOVERNMENTAL ENTITY: I served (name of business/corporation/entity) _____ through _____, who is the (position/title) _____ and who is the authorized agent to accept service for said Business/Corporation/Governmental Entity.

GARNISHMENT: I served (Name of Garnishee) _____ through _____, who is the (position/title) _____ and who is authorized to accept service for the above-named garnishee.

NOT FOUND: After due and diligent search and inquiry, I am unable to find the party named above.

Special Circumstances:

ACKNOWLEDGMENT OF SERVICE

Signature of Person served:

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. 244-2852, FAX 244-2849, or TTY 244-2865 at least ten (10) working days in advance of your hearing or appointment date.

RETURN OF SERVICE MUST BE FILED NO LATER THAN 24 HOURS (EXCLUDING SATURDAY, SUNDAY AND LEGAL HOLIDAYS) PRIOR TO THE RETURN DATE AT _____, HAWAI'I 967_____.