

PLEASE READ THE FOLLOWING BEFORE GETTING STARTED

- ❖ **PETITIONER** is the person requesting a TRO
- ❖ **RESPONDENT** is the person you are filing the TRO against
 - If you are filing on behalf of a minor or filing against a minor, please see the Clerk at the Civil Division Service Center for assistance;
 - If the Respondent does not know your home address and telephone number and you do not want the Respondent to have this information, do not put it on the TRO, see the Clerk at the Civil Division Service Center to obtain the Petitioner's Motion to Seal Address and Telephone Number form
 - If you cannot pay the filing fee of \$15.00 due to extreme financial hardship, inform the Clerk at the Civil Division Service Center for the Request for Relief from Court Costs; Declaration; Order form

When filing for relief from costs and the Judge denies your application, the Judge will not review your TRO until payment of \$15.00 (non-refundable) is made, and this may delay the processing of your TRO.

- Each adult Petitioner must prepare his or her own Declaration or Statement. If needed additional pages may be attached to the TRO.

NOTE:

If you file your TRO by 12:00 PM, your TRO may be picked up any time between 3:00 PM to 4:15 PM on the same day.

If you file your TRO after 12:00 PM, your TRO may be picked up on the following workday day between 10:00 AM to 4:15 PM

**ALL TRO HEARINGS ARE HEARD IN THE HONOLULU DIVISION,
1111 ALAKEA ST. 10TH FLOOR COURTROOM B AT 8:30AM**

PETITION FOR EX PARTE TEMPORARY RESTRAINING ORDER AND FOR INJUNCTION AGAINST HARASSMENT;
DECLARATION OF PETITIONER; TEMPORARY RESTRAINING ORDER AGAINST HARASSMENT; AND NOTICE OF HEARING

TWO-SIDED FORM, page 1 of 3
Form #1DC51

IN THE DISTRICT COURT OF THE FIRST CIRCUIT
Refer to * Based upon Petitioner's address
the map DIVISION
STATE OF HAWAII

SAMPLE

Petitioner(s)

Your Name(s)
(person(s) filing the TRO)

Reserved for Court Use

Civil No. 1SS

Will be assigned upon payment

Respondent(s) (if known, list Address, Telephone for each respondent)

Person(s) you are filing against
street address
city, state, zip code

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

Your Name(s)
address
city, state, zip code
telephone number(s)

PETITION FOR EX PARTE TEMPORARY RESTRAINING ORDER AND FOR INJUNCTION AGAINST HARASSMENT

This Petition is made pursuant to Hawai'i Revised Statutes section 604-10.5 and the following statement:

1. The Petitioner(s) is a resident(s) of the Division of the above District and Circuit, State of Hawai'i.
2. Based upon the attached Declaration of Petitioner(s), Petitioner(s) ask(s) for:
 - a. An ex parte temporary restraining order not to exceed a period of ninety (90) days for protection enjoining Respondent(s) and any other person(s) acting on Respondent(s)' behalf from:
 - ☐ contacting, threatening, or physically harassing
 - ☐ Petitioner(s) ☐ any person(s) residing at Petitioner(s)' residence
 - ☐ telephoning Petitioner(s)
 - ☐ entering or visiting Petitioner(s)' residence, including yard and garage and ☐ place of employment.
 - b. An order of an Injunction not to exceed a period of three (3) years, enjoining Respondent(s) and any other person(s) acting on Respondent(s)' behalf from committing those acts set forth in paragraph 2a. hereof.
 - c. An order prohibiting Respondent(s) from owning or possessing firearm(s) and/or ammunition
 - d. An order awarding reasonable attorney's fees and costs to Petitioner(s) and such further relief as the Court deems just and appropriate.

Read each item and
mark each box(es)

(continued on reverse side)

today's date
Date:

Signature of Petitioner(s):

Your signature(s) (all adults must sign)

Print/Type Name(s):

Print your name(s)

TRO.3XX (Effective 7/1/2001) 1D-P-803

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

DECLARATION OF PETITIONER(S)

Petitioner states the following is true:

☒ Read and mark each box

☐ Recent or past act(s) of harassment occurred; and/or

☐ Threats of harassment make it probable that acts of harassment may occur soon.

Respondent(s) ☐ own; ☐ possess; or ☐ intend to obtain or possess

☐ firearm(s) and/or ammunition that may be used to threaten or injure Petitioner(s).

Describe the firearm(s)/ammunition: _____

Location of firearm(s)/ammunition: _____

Date last seen: _____

Street address/ specific location where last seen: _____

} Select the appropriate box(es)
and answer the questions
based upon firearm(s)/ammunition

(Explain in detail recent or past acts or threats of harassment, using additional sheets, if necessary.)

- Explain in detail acts of harassment recent or past; include dates, times and places that the harassment occurred, names of people involved and any police report.
- Explain why you want the Respondent to stay away from you.

Note: If you do not provide a detailed explanation, your Petition may be denied because of insufficient statement.

☒ Read and mark the box

☐ Unless Respondent(s)' wrongful conduct is stopped or prevented by order of the Court, Petitioner(s) will suffer emotional distress.

I have read the Petition and Declaration, know their contents, and verify that the statements contained therein are true to my personal knowledge and belief.

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF HAWAII THAT THE FACTS AND CIRCUMSTANCES STATED IN THE PETITION AND DECLARATION ARE TRUE AND CORRECT.

today's date

Date:

Signature of Petitioner(s): your signature(s) (all adults must sign)

Print/Type Name(s): print your name(s)

TEMPORARY RESTRAINING ORDER AGAINST HARASSMENT

Based upon the attached Petition for Ex Parte Temporary Restraining Order and Declaration of Petitioner(s) and pursuant to Hawai'i Revised Statutes §604-10.5, the Court finds there is probable cause to believe:

- ☐ Recent or past acts of harassment by Respondent(s) have occurred.
- ☐ Threats of harassment by Respondent(s) make it probable that acts of harassment may be imminent against Petitioner(s).

It appears to the Court that a Temporary Restraining Order should be granted and is necessary to prevent acts of harassment. Accordingly, IT IS ORDERED that Respondent(s) shall appear before the Judge in the above-entitled proceeding at the date, time and place indicated in the Notice of Hearing below. Pending the hearing on this Petition, Respondent(s) is/are ordered as follows.

TO THE RESPONDENT:

YOU AND ANYONE ACTING ON YOUR BEHALF ARE ORDERED AS FOLLOWS:

- ☐ Do not contact, threaten, or physically harass Petitioner(s) and ☐ any person(s) residing at Petitioner(s)' residence
- ☐ Do not telephone Petitioner(s)
- ☐ Do not enter or visit Petitioner(s)' ☐ residence, including yard and garage and ☐ place of employment.
- ☐ Pursuant to HAWAII REVISIED STATUTES §13-7, you shall not possess or control any firearm(s) and/or ammunition for the duration of this Temporary Restraining Order.
- ☐ You shall immediately turn over for safekeeping all firearms and/or ammunition in your possession and control to the Honolulu Police Department (Firearms Unit, Main Station, 801 So. Beretania Street, 1st Floor, Honolulu Hawai'i 96813), for the duration of this Order or any extensions thereof.

This Order becomes effective upon its signing and filing and shall remain in effect for fifteen (15) days, unless extended or terminated by the Court.

ANY KNOWING OR INTENTIONAL VIOLATION OF THIS TEMPORARY RESTRAINING ORDER AGAINST HARASSMENT IS A MISDEMEANOR PUNISHABLE BY A JAIL SENTENCE OF UP TO ONE YEAR AND/OR UP TO A \$2,000 FINE. A SENTENCE OF 48 HOURS JAIL FOR A SECOND CONVICTION AND 30 DAYS JAIL FOR ANY SUBSEQUENT CONVICTION(S) IS MANDATORY. [HAWAII REVISIED STATUTES §604-10.5, §706-663 AND §706-640]

Date:

Judge of the above-entitled Court

NOTICE OF HEARING

TO:

Person(s) you are filing against (same as page one.)
address, city, state and zip code

NOTICE IS GIVEN that the Petitioner(s) above named has/have filed the foregoing Petition for Ex Parte Temporary Restraining Order and for Injunction Against Harassment.

YOU ARE COMMANDED to appear before the Presiding Judge of the above-entitled Court, the District Court of the above Circuit, at 1111 Alakea Street, 10th floor, Courtroom B, Honolulu, Hawai'i 96813, on _____, 20__ at 8:30 o'clock A.M.

Prior to the scheduled hearing date, you or your attorney may file a written response explaining, excusing, justifying, or denying the alleged act or acts of harassment. At the hearing, the parties shall be prepared to testify, call and examine witnesses, present any documents, and give legal or factual reasons why the Injunction should or should not be granted. Each party may be represented by an attorney and shall be prepared to proceed at the hearing. IF YOU OR YOUR ATTORNEY FAIL TO ATTEND AT THE TIME AND PLACE DESIGNATED, AN ORDER GRANTING PETITION FOR INJUNCTION AGAINST HARASSMENT WILL BE TAKEN AGAINST YOU FOR THE RELIEF DEMANDED IN THE PETITION.

The Court shall receive all evidence that is relevant at the hearing, and may make independent inquiry. If the Court finds by clear and convincing evidence that harassment by Respondent(s) in the form of physical harm, bodily injury, assault, of the threat of imminent physical harm, bodily injury to Petitioner exists, it may enjoin for no more than three years further harassment by Respondent(s). If the court finds by clear and convincing evidence that harassment by Respondent(s) in the form of an intentional or knowing course of conduct directed at Petitioner(s) that seriously alarms or disturbs, consistently or continually bothers Petitioner(s) and that serves no legitimate purpose exists, and such course of conduct would cause a reasonable person to suffer emotional distress, the court shall enjoin for no more than three years, further harassment by Respondent(s).

This Order shall not be personally delivered between 10:00 p.m. and 6:00 a.m. on premises not open to the public, unless a judge of the above-entitled Court permits, in writing on this Order, personal delivery during those hours.

Date:

Clerk of the above-entitled Court

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. 538-5121, FAX 538-5233, OR TTY 539-4853 at least ten (10) working days in advance of your hearing or appointment date. For Civil related matters, please call 538-5151.

1941-1942

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IN THE DISTRICT COURT OF THE FIRST CIRCUIT

DIVISION

STATE OF HAWAII

Plaintiff(s)/Petitioner(s)

Refer to
page one;
DO NOT INCLUDE

Defendant(s)/Respondent(s)

ADDRESS

Reserved for Court Use

Court Date:

Civil No.

1SSO: -1-

(will be assigned upon payment)

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

Your Name(s)

address

city, state zip code

tel. number(s)

DOCUMENT(S) SERVED:

PETITION FOR EX PARTE TEMPORARY RESTRAINING ORDER & FOR INJUNCTION AGAINST HARASSMENT;

DECLARATION OF PETITIONER; TRO AGAINST HARASSMENT; AND NOTICE OF HEARING

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 HAWAII THAT THE FOLLOWING IS TRUE AND CORRECT:

I, ☐ Deputy Sheriff, or ☐ Police Officer of the State of Hawaii, 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 Hawaii as listed on the reverse:

(continued on reverse side)

Signature:

Print/Type Name:

Print/Type Address, Telephone and Facsimile Numbers:

SEE REVERSE SIDE

Do Not COMPLETE
bottom half and reverse
side of this form.
To be done by Police
officer

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 Hawaii

☐ 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

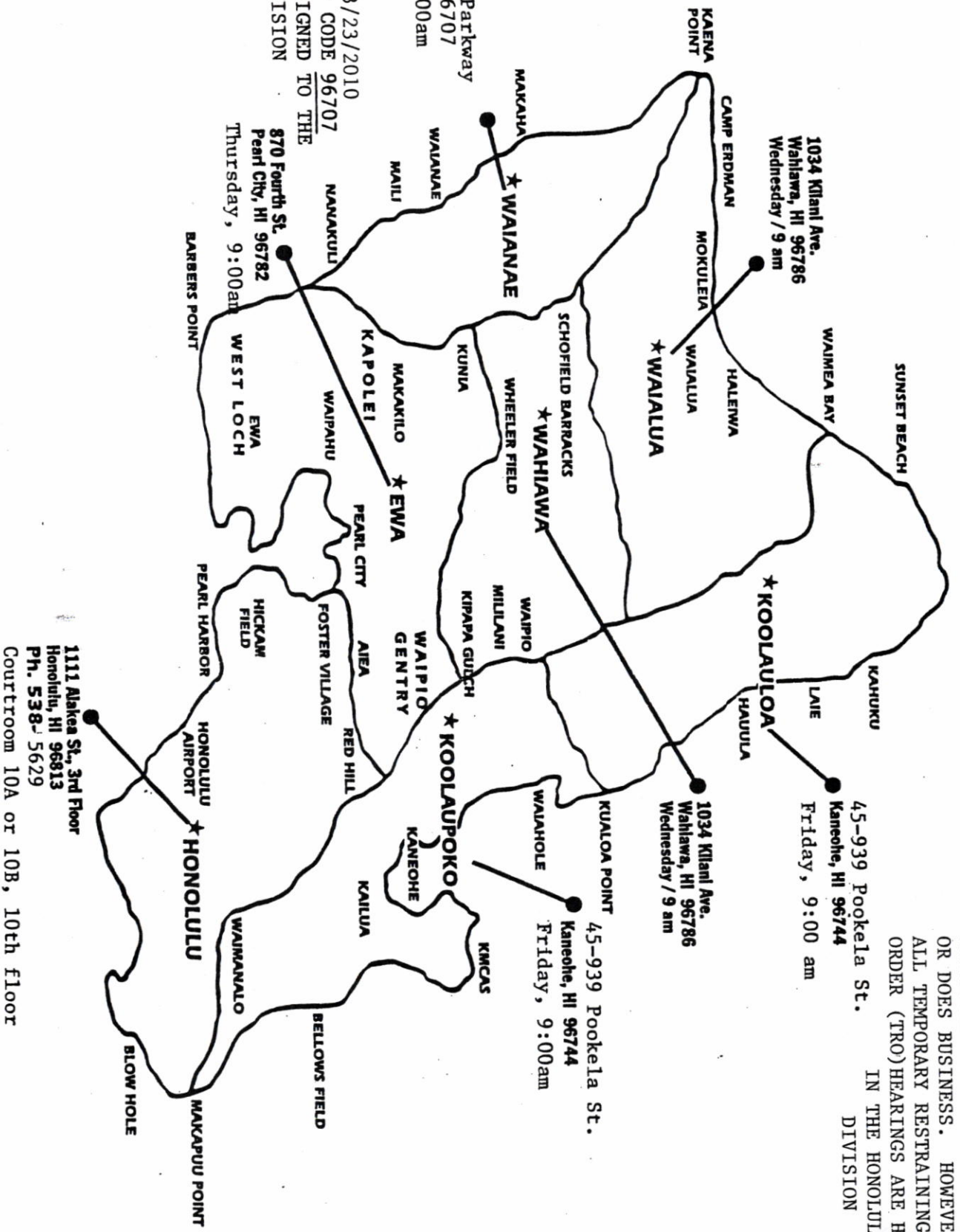
Signature of Person served:

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. 538-5121, FAX 538-5233, or TTY 539-4853 at least ten (10) working days in advance of your hearing or appointment date. For Civil related matters, please call 538-5151.

RETURN OF SERVICE MUST BE FILED NO LATER THAN 24 HOURS (EXCLUDING SATURDAY, SUNDAY AND LEGAL HOLIDAYS) PRIOR TO THE RETURN DATE AT 1111 ALAKEA STREET, CIVIL DIVISION, THIRD

NOTE: DIVISION IS DETERMINED BY WHERE THE PETITIONER RESIDES OR DOES BUSINESS. HOWEVER, ALL TEMPORARY RESTRAINING ORDER (TRO) HEARINGS ARE HEARD IN THE HONOLULU DIVISION



4675 Kapolei Parkway
Kapolei, HI 96707
Tuesday, 9:00am

NOTE: EFFECTIVE 3/23/2010
KAPOLEI ZIP CODE 96707
WILL BE ASSIGNED TO THE
WAIANAE DIVISION

870 Fourth St.
Pearl City, HI 96782
Thursday, 9:00am

1111 Alakea St., 3rd Floor
Honolulu, HI 96813
Ph. 538-5629
Courtroom 10A or 10B, 10th floor