

**COMPLAINT (ASSUMPSIT-MONEY OWED);  
DECLARATION; EXHIBIT(S); SUMMONS**

Form #5DC07

**IN THE DISTRICT COURT OF THE FIFTH CIRCUIT**  
\_\_\_\_\_ **DIVISION**  
**STATE OF HAWAI'I**

Plaintiff(s)

Reserved for Court Use  
Civil No.

Defendant(s)

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

Amount Claimed by Plaintiff:

Last Date of Indebtedness:

**COMPLAINT**

1. This Court has jurisdiction over this matter and venue is proper.
2. On or about \_\_\_\_\_, Defendant(s) owed money to Plaintiff(s) as follows:
3.  A copy of the written instrument on which the debt is based is attached as Exhibit 1.
4. Plaintiff(s) asks for judgment in the principal amount of \$\_\_\_\_\_.  
In addition, the Court may award court costs, interest and reasonable attorney's fees.

Date:

Signature of Plaintiff(s)/Plaintiff(s)' Attorney:  
Print/Type Name:

**DECLARATION**

I have read this Complaint, 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 ABOVE IS TRUE AND CORRECT.**

Date:

Signature of Declarant:  
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. 246-3347, FAX 246-3353, or TTY 539-4853 at least ten (10) working days in advance of your hearing or appointment date.

COMPA.X (Amended 4/18/97)v

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