

**JUDGMENT DEBTOR(S)'S MOTION RETURN/RELEASE
OF WAGES EXEMPT FROM GARNISHMENT;
NOTICE OF MOTION; CERTIFICATE OF SERVICE;
GARNISHMENT CALCULATION WORKSHEET; EXHIBIT "A"**

TWO-SIDED FORM

Form #3DC27B

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

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)

JUDGMENT DEBTOR(S)'S MOTION

FOR RETURN/RELEASE OF WAGES EXEMPT FROM GARNISHMENT

Filing Party(ies) moves this Court for an Order returning or releasing to the filing party all or a portion of wages which have been garnished because:

1. The amount garnished or withheld was excessive as the Federal Law State Law was more favorable to the filing party.
2. The Garnishee should have deducted \$_____, rather than \$_____ according to the Garnishment Calculation Worksheet, and a copy of applicable pay stub attached as Exhibit "A".
3. Duplicate receipts were not provided to the employer/garnishee as required by Hawai'i Revised Statutes Section 652-14.
4. Other (specify) _____

Date:

Signature of Judgment Debtor(s)'/Declarant:
 Print/Type Name:

NOTICE OF HEARING

TO: _____:

Please take notice that this Motion will be heard before the Presiding Judge of this Court in his/her Courtroom, at the address checked on the reverse side on _____, _____, 200____, at _____ a.m. or as soon thereafter as parties may be heard.

(continued on reverse side)

COURT ADDRESSES

North & South Hilo Division
Puna Division
North & South Kona Division
Ka'u Division
South Kohala Division
Hamakua Division
North Kohala Division

75 Aupuni Street, Room 205, Hilo, Hawai'i, 96720
16-200, Pili Mua Street, Kea'au, Hawai'i, 96749
79-7595 Haukapila Street, Kealakekua, Hawai'i, 96750
95-5669 Mamalahoa Highway, Na'alehu, Hawai'i, 96772
67-5175 Kamamalu Street, Kamuela Hawai'i, 96743
45-3880 Mamane Street, Honoka'a, Hawai'i, 96727
54-3900 Government Main Road, Kapa'au, Hawai'i, 96755

Mailing address for the above Courts: **75 Aupuni Street, Room 205, Hilo, HI 96720, P.O. Box 9017, 79-7595 Haukapila Street, Kealakekua, HI 96750, 67-5175 Kamamalu Street, Kamuela, HI 96743**

CERTIFICATE OF SERVICE

I certify that a copy of this Motion was served at the last known address(es) of the Opposing Party(ies) or Opposing Party(ies)' attorney on _____ by Hand-delivery or Mail, Postage Prepaid, at the following address(es): Judgment Creditor: _____ Employer/Garnishee _____

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

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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 UNDER THE LAWS OF THE STATE OF HAWAI'I THAT THE ABOVE IS TRUE AND CORRECT.**

CERTIFICATE OF SERVICE

I certify that a copy of this Response was served at the last known address(es) of the Opposing Party(ies) or Opposing Party(ies)' attorney on _____ by Hand-delivery or Mail, Postage Prepaid, at the following address(es): Judgment Creditor: _____ Employer/Garnishee _____

Date:	Signature of Responding Party(ies)/Responding Party(ies)' Attorney: Print/Type Name:
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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. 961-7470, FAX 961-7447, or TTY 961-7525 at least ten (10) working days in advance of your hearing or appointment date.