

**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 #5DC27B

**IN THE DISTRICT COURT OF THE FIFTH 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 \_\_\_\_\_, \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_ a.m. or as soon thereafter as parties may be heard.

**(continued on reverse side)**

COURT ADDRESSES

Lihue Division	3059 Umi Street, Room 110, Lihue, Hawai'i
Lihue (LK) Division	3059 Umi Street, Room 110, Lihue, Hawai'i
Koloa Division	3461 Weliweli Road, Koloa, Hawai'i
Waimea Division	4556 Makeke Road, Waimea, Hawai'i
Hanalei Division	5-5358 Kuhio Highway, Hanalei, Hawai'i

Mailing address for the above Courts: **4357 Rice Street, Suite 101, Lihue, HI 96766-1367**

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