(Please type)

Reset Form

STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY
SHERIFF DIVISION
1111 Alakea Street, Honolulu, Hawaii 96813
Phone No. (808) 538-5605/Fax No. 538-5661

Request No. _____

REQUEST FOR SERVICE OF PROCESS AND EXECUTION OF ORDER OF COURT

[A replica of the official Sheriff's form]

Case _____ **Court** _____ **State** Hawai`i

Plaintiff/Petitioner _____

Defendant/Respondent _____

DEPARTMENT USE ONLY

Deputy _____
Assign. Date _____
Status Rpt. Date _____
Court Date _____
Advance pmt: Date _____
Rec. _____

You are Hereby Instructed to Execute the Accompanying Process as Follows:

Document to be Served	Name of Person to be Served	Address	Fee	Mileage	Other	Total
			$			

Instructions/Notes

NOTICE: All communications, refunds, and/or collections shall be made to the name and address listed below

Name _____ **I.D. No.** _____ **Contact Person** _____

Address _____ **ZIP Code** _____ **Telephone No.** _____

_____ Date

_____ Signature of Attorney or Litigant