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|--|---|-------------|
| <b>STATE OF HAWAI'I</b><br><b>CIRCUIT COURT OF THE</b><br>_____<br><b>CIRCUIT</b>  | <b>RETURN AND ACKNOWLEDGMENT</b><br><b>OF SERVICE</b> | CASE NUMBER |
|  |   |             |
| DOCUMENTS SERVED: _____<br>_____<br>_____<br>_____<br>_____  |   |             |
| I, Sheriff/Police Officer of the State of Hawai'i do hereby certify that I received a certified copy of the documents listed above and that I served the same on _____ (name of party)<br>on _____ (date) at _____ (time) at _____ (address) within the State of Hawai'i as follows:         |   |             |
| <input type="checkbox"/> <b>PERSONAL:</b> By delivering to and leaving with _____, personally.   |   |             |
| <input type="checkbox"/> <b>SUBSTITUTE: [HRCP 4(d) (1) (A)]</b> After due and diligent search and inquiry, I served above-named defendant through _____, a person of suitable age and discretion then residing at said party's usual place of abode, since the defendant could not be found. |   |             |
| <input type="checkbox"/> <b>SUBSTITUTE: [HRCP 4(d) (1) (B)]</b> I served above-named defendant through _____, authorized agent to receive service of process for said defendant.   |   |             |
| <input type="checkbox"/> <b>BUSINESS/CORPORATION/GOVERNMENTAL ENTITY:</b> On _____ (name of business/corp/entity) _____ by serving through _____ (name of person served), _____, who is the _____ (postition/title) and authorized agent of said Business/Corporation/Governmental Entity.   |   |             |
| <input type="checkbox"/> <b>GARNISHMENT:</b> I served _____ (name of garnishee) through _____ (name of person served) who is authorized to accept service for the above-named garnishee.   |   |             |
| <input type="checkbox"/> <b>NOT FOUND:</b> After due and diligent search and inquiry, I am unable to find _____ (name of party).   |   |             |
| Attorney (Name, I.D. No., Address, Phone)  |   |             |
| Date:  | Sheriff/Police Officer (type or print)                | Signature   |

|   |   |                        |
|---|---|------------------------|
| SUBSCRIBED AND SWORN<br>TO BEFORE ME THIS DATE:<br><br>_____<br>IN _____, HAWAI'I | NOTARY PUBLIC'S SIGNATURE:<br><br>_____<br>STATE OF HAWAI'I | MY COMMISSION EXPIRES: |
|---|---|------------------------|

**ACKNOWLEDGMENT OF SERVICE**

\_\_\_\_\_  
(signature of person served) (date) (time)

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