

IN THE DISTRICT COURT OF THE FIFTH CIRCUIT _____ DIVISION STATE OF HAWAI'I	
Plaintiff(s)	
Defendant(s)	Reserved for Court Use Court Date: Garnishee Fee paid # \$
Garnishee/Garnishee's Attorney (Name, Attorney Number, Firm Name (if applicable), Address, Telephone and Facsimile Numbers)	Civil No.
	Judgment Creditor(s)/Judgment Creditor(s)' Attorney
Garnishee's Name and Address:	
Judgment Debtor(s):	
GARNISHEE DISCLOSURE	
Garnishee above named, and in response to Garnishee Summons served on it, discloses that at the time of service of Garnishee Summons:	
<input type="checkbox"/> 1. Garnishee DID NOT have any goods or effects of Judgment Debtor(s) in its hands, Garnishee was not indebted to Judgment Debtor(s), Garnishee did not have any monies of Judgment Debtor(s) in its possession for safekeeping, or Judgment Debtor(s) did not owe any wages (including any salary, stipend, commissions, annuity or net income or portion of net income under a trust) or was not in receipt of any wages from Garnishee except as follows:	
<input type="checkbox"/> 2. Garnishee DID have goods or effects of Judgment Debtor(s) in its hands, Garnishee was indebted to Judgment Debtor(s), Garnishee did have monies of Judgment Debtor(s) in its possession for safekeeping, or Judgment Debtor(s) did owe wages or was in receipt of wages (including any salary, stipend, commissions, annuity or net income or portion of net income under a trust) from Garnishee except as follows:	
I have read this Disclosure, 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.	
Mail to 4357 Rice Street, Suite 101, Lihue, Hawai'i, 96766-1367.	
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.	
Date:	Signature of Garnishee/Garnishee's Attorney: Print/Type Name and Title/Relationship to Garnishee: