

DAVID Y. IGE
GOVERNOR



STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY
919 Ala Moana Boulevard, 4th Floor
Honolulu, Hawaii 96814

NOLAN P. ESPINDA
DIRECTOR

CATHY Y. ROSS
Deputy Director
Administration

ALAN ASATO
Deputy Director
Corrections

SHAWN H. TSUHA
Deputy Director
Law Enforcement

No. _____

TO: Private Process Server Applicants

SUBJECT: PRIVATE PROCESS SERVER REQUIREMENTS

In order to be placed on the list of private process servers, you must submit a letter from a State Bar certified Attorney at Law, or a current authorized process server, stating that they specifically recommend you for inclusion on the list to serve the following types of process listed below.

1. **Orders to Show Cause** pursuant to Chapters 603, 604 and 633, Hawaii Revised Statutes (HRS);
2. **Writs of Attachment and Execution** pursuant to Chapter 651, HRS;
3. **Garnishment Documents** pursuant to Chapter 652, HRS;
4. **Writs of Replevin**, pursuant to Chapter 634, HRS; and,
5. **Writs of Possession** pursuant to Chapters 501 and 666, HRS; and
6. **Orders for Examination** pursuant to Chapter 636, HRS.

All other documents not listed above, such as Summons, Complaints, and Subpoenas can be served by anyone 18 years of age or older and not a direct party to the law suit.

Complete the enclosed forms and along with the required letter as stated above return it to the above address attention Deputy Director for Law Enforcement.

Enclosures: 1) Information Form
2) Notarized Assignment Form (**this form must be notarized**)

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TO: Private Process Server Applicant

SUBJECT: INFORMATION FORM

Individuals who wish to be listed as a process server with the Department of Public Safety will need to provide the following information. This information will be kept in addition to a copy of your Assignment document with the Deputy Director for Law Enforcement. A Criminal History Background Check will be conducted on all applicants in order to meet the requirements of Act 116 (13) and Act 101 (15).

A valid/current picture ID **must** be attached to this form.

Please Print:

NAME: _____

DOB: _____/SSN: _____

COMPANY: _____

STREET ADDRESS: _____

MAILING ADDRESS: _____

Indicate by checking the box which contact number(s) you will use for the authorized process servers' informational list.

PHONE: (____)_____ [] Yes [] No

CELLULAR: (____)_____ [] Yes [] No

PAGER: (____)_____ [] Yes [] No



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CIVIL PROCESS ASSIGNMENT

I _____, understand and agree to the following:

1. I agree to serve the following types of documents: (1) **Orders to Show Cause** pursuant to Chapters 603, 604 and 633, Hawaii Revised Statutes (HRS); (2) **Writs of Attachment and Execution** pursuant to Chapter 651, HRS; (3) **Garnishment Documents** pursuant to Chapter 652, HRS; (4) **Writs of Replevin**, pursuant to Chapter 634, HRS; and, (5) **Writs of Possession** pursuant to Chapters 501 and 666, HRS; and **Orders for Examination** pursuant to Chapter 636, HRS.
2. I shall not use this agreement for any purpose except as set forth in paragraph 1, above.
3. **I am not a Sheriff, Deputy Sheriff, Civil Deputy, State Civil Deputy, or any official state titled individual**, and shall not represent myself to be a state titled Sheriff, Deputy Sheriff, or any other law enforcement officer of the State of Hawaii.
4. **I am not an employee of the State of Hawaii, and shall not represent myself to be an employee of the State of Hawaii.**
5. I shall defend and indemnify the State of Hawaii, its' officers, employees, and agents from, and against, all liability, loss, damage, cost and expense, including all attorneys fees, and all claims, suits and demands therefore, arising out of or resulting from the acts or omissions of myself or my employees, officers, agents, or subcontractor. This provision shall remain in full force and effect, notwithstanding the expiration or termination of this assignment.
6. This assignment is given at the discretion of the director of the Department of Public Safety, and may be terminated at any time, or for violations of ACT 116 (13).
7. **This assignment shall be effective from the date of issuance until rescinded.**
8. Any action on my part, or on the part of any person in my employment, that exceeds the scope of service as designated in this assignment, shall be null and void.

DATED: _____

SIGNED BY: _____

PRINTED NAME: _____

STATE OF HAWAII)

CITY AND COUNTY OF _____) SS.

On this ____ day of _____, 20____, before me personally appeared _____, to me known to be the person described in and who executed the foregoing instrument and acknowledged that he/she executed the same as his/her free act and deed.

Print name: _____

Notary Public, State of Hawaii

My commission expires: _____

To the extent permitted by law, you are listed to serve (1) **Orders to Show Cause** pursuant to Chapters 603, 604 and 633, Hawaii Revised Statutes (HRS); (2) **Writs of Attachment and Execution** pursuant to Chapter 651, HRS; (3) **Garnishment Documents** pursuant to Chapter 652, HRS; (4) **Writs of Replevin**, pursuant to Chapter 634, HRS; and, (5) **Writs of Possession** pursuant to Chapters 501 and 666, HRS; and **Orders for Examination** pursuant to Chapter 636, HRS.

DATED: _____

Shawn H. Tsuha, Deputy Director
Law Enforcement Division