



STATE OF HAWAII | KA MOKU'ĀINA 'O HAWAI'I
DEPARTMENT OF PUBLIC SAFETY
Ka 'Oihana Ho'opalekana Lehulehu
1177 Alakea Street
Honolulu, Hawai'i 96813

TOMMY JOHNSON
DIRECTOR

Melanie Martin
Deputy Director
Administration

Michael J. Hoffman
Acting Deputy Director
Corrections

William F. Oku
Deputy Director
Law Enforcement

No. _____

AUTHORIZATION TO SERVE PROCESS
AS ASSIGNED TO PRIVATE CIVIL PROCESS SERVERS

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, Hawai'i Revised Statutes (HRS); (2) **Garnishment** documents pursuant to Chapter 652 (HRS); (3) **Writs of Replevin and Attachment** pursuant to Chapter 634 (HRS); (4) **Writs of Possession** pursuant to Chapters 501 and 666 (HRS); (5) **Orders for Examination** pursuant to Chapter 636 (HRS); (6) **Writs of Attachment or Execution** pursuant to Chapter 651 (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 Hawai'i.
4. **I am not an employee of the State of Hawai'i, and shall not represent myself to be an employee of the State of Hawai'i.**
5. I shall defend and indemnify the State of Hawai'i, 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 Authorization.
6. This authorization is given at the discretion of the director of the Department of Public Safety, and may be terminated at any time.
7. **This authorization shall be effective from the date of issuance until rescinded.**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 or authority as designated in this Agreement, shall be null and void.

DATED: _____

SIGNED BY: _____

PRINT NAME: _____

STATE OF HAWAI'I)
CITY AND COUNTY OF HONOLULU) SS.

On this _____ day of _____, 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 Hawai'i
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, Hawai'i Revised Statutes (HRS); (2) **Garnishment** documents pursuant to Chapter 652 (HRS); (3) **Writs of Replevin and Attachment** pursuant to Chapter 634 (HRS); (4) **Writs of Possession** pursuant to Chapters 501 and 666 (HRS); (5) **Orders for Examination** pursuant to Chapter 636 (HRS); and (6) **Writs of Attachment and Execution** pursuant to Chapter 651 (HRS).

DATED: _____

William Oku, Jr.
Deputy Director for Law Enforcement
Department of Public Safety