

STATE OF HAWAII FAMILY COURT FIRST CIRCUIT	<b>PROOF OF SERVICE</b>	CASE NUMBER  FC-D No.
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<p style="text-align: center;">(Full Name) PLAINTIFF</p> <p style="text-align: center;">V.</p> <p style="text-align: center;">(Full Name) DEFENDANT</p>	This document is prepared by: <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> Atty for Plaintiff <input type="checkbox"/> Atty for Defendant
	Name _____
	Address _____
	City, State, Zip Code _____
	Telephone No. _____

I served a certified copy of each document identified below by delivering to the following person(s):

PERSON(S) SERVED	DATE	TIME	PLACE

**DOCUMENTS SERVED**

Complaint    Summons    Notice to Attend Kids First  
 Motion and Declaration for Pre-Decree Relief and Attachments  
 Motion and Declaration for Post-Decree Relief and Attachments  
 \_\_\_\_\_

**PLEASE EXPEDITE RETURN OF SERVICE TO FAMILY COURT**

DATE	POLICE OFFICER'S SIGNATURE	BADGE ID NUMBER
	PRINT NAME:	
DATE	OTHER SERVING OFFICER'S SIGNATURE	
	PRINT NAME:	

**UNSERVED DOCUMENTS:** I certify that, despite due and diligent search, I was unable to locate the person to be served, and therefore the attached documents are being returned as unserved.

In accordance with the Americans with Disabilities Act, as amended, and other applicable state and federal laws, if you require accommodation for a disability, please contact the ADA Coordinator at the First Circuit Family Court Office at PHONE NO. 954-8200, FAX 954-8308, or via email at adarequest@courts.hawaii.gov at least ten (10) days prior to your hearing or appointment date.

**COURT USE ONLY**