STATE OF HAWAI'I FAMILY COURT FIRST CIRCUIT	**MOTION FOR SERVICE BY MAIL AND DECLARATION; ORDER FOR SERVICE BY MAIL**	CASE NUMBER FC-D No.

_____ (Full Name) PLAINTIFF v. _____ (Full Name) DEFENDANT	This document is prepared by: ☐ Plaintiff ☐ Defendant ☐ Atty for Plaintiff ☐ Atty for Defendant _____ Name _____ Address _____ _____ City, State, Zip Code _____ Telephone Number

MOTION FOR SERVICE BY MAIL AND DECLARATION

The undersigned party to this action moves for an order authorizing service by registered or certified mail. In support of this motion the undersigned states that to his/her best information and belief the adverse party is outside the First Circuit and receives mail at the following address:

I hereby solemnly and sincerely declare, under penalty of perjury, that the statements made herein are true and correct to the best of my belief, information, and knowledge.

Dated: _____, Hawai'i: _____, _____
(City) (Date) MOVANT'S SIGNATURE

ORDER FOR SERVICE BY MAIL

It appears that service by mail is appropriate and reasonable. IT IS HEREBY ORDERED that service herein may be made by forwarding certified copies of: ☐ Complaint ☐ Summons
☐ Motion for Pre-Decree Relief; Order for Pre-Decree Relief; and Attachment(s);
☐ Motion and Declaration for Post-Decree Relief ; Scheduling Order for Post-Decree Relief; and Attachment(s).

☐ _____

☐ _____

and of this Order to the ☐ Plaintiff ☐ Defendant by registered or certified mail with return receipt requested and a direction to deliver to addressee only and that actual receipt by ☐ Plaintiff ☐ Defendant of the above document(s) sent in accordance with this Order shall be equivalent to personal service by an authorized process server as of the date or receipt.

DATE	JUDGE'S SIGNATURE:	COURT USE ONLY
Kapolei, Hawai'i	Print Judge's Name:	

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 by telephone at 954-8200, fax 954-8308, or via email at adarequest@courts.hawaii.gov at least ten (10) working days prior to your hearing or appointment date.

*Please call the Family Court Service Center at **954-8290** if you have any questions about forms or procedures.*

RESET FORM