

STATE OF HAWAI'I FAMILY COURT FIRST CIRCUIT	<b>APPEARANCE AND WAIVER</b>	CASE NUMBER  FC-D No.
_____ (Full Name)                          PLANTIFF  v.  _____ (Full Name)                          DEFENDANT	This document is prepared by: <input type="checkbox"/> Attorney for <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant  _____ Name  _____ Address  _____  _____ Telephone Number	
<p>I, the Defendant, acknowledge receipt of a <u>filed</u> copy of the Complaint and Summons in the above-entitled action, submit myself to the Court's jurisdiction, and have agreed with the Plaintiff on the matters set forth in    <input type="checkbox"/> a signed Agreement Incident to Divorce.           <input type="checkbox"/> a form of Decree which I have approved by signature.</p> <p>I consent to a hearing of the complaint by a judge at any time without further notice and without my presence so long as the Decree issued incorporates the provisions I have approved. If such Decree is not entered by the Court, I request to be notified.</p> <p>I understand that I am not required to sign this paper and that by doing so I am permitting the Court without opposition from me to proceed with the above-entitled matter at this time unless there is reason for the Court to alter our agreement.</p> <p><input type="checkbox"/> I am not in the military service of the United States.  <input type="checkbox"/> I am in the military service of the United States, but I do not request a stay of proceedings herein, and I do waive any rights I may have under the Service-members Civil Relief Act, 50 U.S.C. App. §§ 501-597b (2003).</p> <div style="border: 1px solid black; width: 200px; height: 150px; margin-left: auto; margin-right: auto;"></div>		
DATE	DEFENDANT'S SIGNATURE	Court Use Only

FCAdm 1/6/14

APPEARANCE AND WAIVER 1F-P-332

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 Court, Family Court office by telephone at 954-8200, fax 954-8308, or via email at [adarequest@courts.hawaii.gov](mailto:adarequest@courts.hawaii.gov) at least ten (10) 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.*