

STATE OF HAWAII FAMILY COURT FIRST CIRCUIT	<b>APPEARANCE AND WAIVER</b>	CASE NUMBER FC-D No. _____
<div style="text-align: center;"> <p>(Full Name)                      PLAINTIFF</p> <p>v.</p> <p>(Full Name)                      DEFENDANT</p> </div>	This document is prepared by: <input type="checkbox"/> Defendant <input type="checkbox"/> Defendant's Attorney  _____ Name  _____ Address  _____ City, State, Zip Code  _____ Telephone Number	
<p>I, the Defendant, acknowledge receipt of a <u>filed</u> copy of the <i>Complaint for Divorce; Automatic Restraining Order; and Summons to Answer Complaint</i> in the above-entitled action, submit myself to the Court's jurisdiction, and have agreed with the Plaintiff on matters set forth in:</p> <p style="margin-left: 40px;"> <input type="checkbox"/> a signed <i>Agreement Incident to Divorce</i>.  <input type="checkbox"/> a form of <i>Decree</i> which I have approved by signature.         </p> <p>I consent to a hearing of the <i>Complaint</i> by a judge at any time without further notice and without my presence so long as the <i>Divorce Decree</i> issued incorporates the provisions I have approved. If such <i>Decree</i> 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 Servicemembers Civil Relief Act, 50 U.S.C. App. §§ 501-597b (2003).         </p>		
DATE	DEFENDANT'S SIGNATURE	<b>COURT USE ONLY</b>



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.*