

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

☐ Attorney for ☐ Plaintiff ☐ Defendant

IN THE FAMILY COURT OF THE FIRST CIRCUIT

STATE OF HAWAII

_____	)	FC-D No. _____
	)	
Plaintiff,	)	MOTION TO SET ORDER
	)	(PRETRIAL ORDER NO. 1)
v.	)	Attachment(s) _____
	)	
	)	Motion to Set Conference
	)	
Defendant.	)	Hearing Date: _____
_____	)	Judge: _____

MOTION TO SET ORDER  
(PRETRIAL ORDER NO. 1)

**Present:** ☐ Plaintiff ☐ Plaintiff's Attorney: \_\_\_\_\_  
☐ Defendant ☐ Defendant's Attorney: \_\_\_\_\_  
☐ \_\_\_\_\_

**Mediation Occurred:** ☐ No ☐ Yes with \_\_\_\_\_  
(Mediator's Name)  
☐ \_\_\_\_\_ to arrange mediation with  
\_\_\_\_\_ by \_\_\_\_\_  
(Date)

**Volunteer Settlement Master:** \_\_\_\_\_ is appointed as the Volunteer Settlement Master. Plaintiff's attorney shall prepare an Order Appointing Volunteer Settlement Master (VSM) for the court to approve and file. The deadline for meeting with the VSM is set forth on page 2 of this order.



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](mailto: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 regarding forms or procedures.*

**Trial Date, Scheduling Information, and Other Important Deadlines.** All Blanks must be Filled in. A deadline date in this order is binding unless a different date is set forth in a later order (such as the report dates established in the Custody Evaluator Order). The court will calculate deadline dates using the formula under the Misc. Information column unless the parties and the court agree to a different date. **The party who filed the motion that generated the trial date set below shall file the first witness list.**

**(SC = Settlement Conference)**

**(HFCR = Hawai'i Family Court Rule)**

<u>Event</u>	<u>Misc. Information</u>	<u>Date</u>
Deadline to Serve Discovery Under HFCRs 33, 34, and 36	(33 days before SC)	_____
<b>Witness List Filed by</b> <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant Names of lay & expert witnesses, contact information (real), and subject matter of testimony	(28 days before SC)	_____
<b>Responsive Witness List Filed by</b> <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant Names of lay & expert witnesses, contact information (real), and subject matter of testimony	(21 days before SC)	_____
<b>Deadline for First Meeting with Volunteer Settlement Master</b>	(21 days before SC)	_____
<b>Expert Reports Exchanged</b>	(14 days before SC)	_____
<b>SC Statement Filed by All Parties</b> <input type="checkbox"/> Property Allocation Chart <input type="checkbox"/> Updated Asset & Debt and Income & Expense Statements <input type="checkbox"/> Child Support Guidelines Worksheet <input type="checkbox"/> Confidential Settlement Letter (Optional; Do NOT file)	(7 days before SC)	_____
<b>All Discovery Completed</b>	(1 day before SC)	_____
<b>Settlement Conference</b>	(39 days before trial week) (at _____) (Time; a.m./p.m.)	_____
<b>Exhibits Exchanged</b>	(18 days before trial week)	_____
<b>Pre-Trial Motion(s) Deadline and Calendar Call</b>	(11 days before trial week) (at 8:30 a.m.)	_____
<b>Memoranda in Opposition to Pre-Trial Motion(s)</b>	(6 days before trial week) (by 4:30 p.m.)	_____
<b>Hearing on Pre-Trial Motion(s)</b>	(to be set by trial judge)	_____
<b>Exhibits and Letter Re Admissibility of Exhibits (Delivered to Court)</b>	(4 days before trial week) (by 4:30 p.m.)	_____
<b>Trial Memorandum (Optional) Filed</b>	(4 days before trial week) (by 4:30 p.m.)	_____
<b>Trial Week and Length of Trial</b>	_____ day(s) <input type="checkbox"/> Parties to share time	_____
<input type="checkbox"/> See Page 5 for additional dates and events		

**Stipulation(s)/Issue(s) in Dispute:** Issues that are checked as “Agreed” are not in dispute based on the Position Statements previously submitted and/or the agreements of the parties made since. An agreement only becomes final when the agreement is placed on the record or signed by the parties and approved by the court. Parties should clearly write out the terms of any agreement using either the appropriate Divorce Decree from the Uncontested Divorce packet or a continuation sheet. All written agreements should be attached to and listed on Page 5 of this order.

	<u>Agreed</u>	<u>Disputed</u>	<u>Not Applicable</u>
1. Jurisdiction:			
a. Personal jurisdiction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Subject matter jurisdiction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Existence of an enforceable:			
a. Premarital agreement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Marital agreement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Divorce agreement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Granting of the divorce itself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Legal custody.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Physical custody.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Visitation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Income of:			
a. Plaintiff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Defendant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Expenses of:			
a. Plaintiff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Defendant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Child Support.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Child related expenses:			
a. Child care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Pre-school expenses.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Private school expenses.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Summer school expenses.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Post-high school expenses.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Extracurricular expenses.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Child health care:			
a. Maintenance of insurance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Payment of excess expenses.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Alimony:			
a. Amount.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Duration.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Security for support:			
a. Alimony.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Child Support.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	<u>Agreed</u>	<u>Disputed</u>	<u>Not Applicable</u>
14. Property division - general:			
a. Asset wasting issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Valuation issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Classification issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Equitable deviation issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Property division - distribution:			
a. Credit Union/bank accounts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Securities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Vehicles.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Real property.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Life insurance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Retirement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Business assets.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Investment assets.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Household effects.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Personal effects.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Trust property.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Other property.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Debt.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Tax matters.			
a. Liability.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Refunds.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Dependents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Deductions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Payments for property division.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Payment of legal fees:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Attorney's fees and costs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Expert's fees and costs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mediation/arbitration fees and costs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. CE/CGAL's fees and costs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Compliance with prior orders.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Other:			
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Name Change:			
___ Undecided.			
___ No name change.			
___ Change Name to: _____			
		(Full Name)	

**Other Matters:**

☐ Custody Evaluator Report Due Date: \_\_\_\_\_ by 4:30 p.m.

☐ Return on Custody Evaluator Report: \_\_\_\_\_ at \_\_\_\_\_.m.

☐ \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ List of all Attachments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated: Kapolei, Hawai'i, \_\_\_\_\_  
(Date)

\_\_\_\_\_  
JUDGE OF THE ABOVE-ENTITLED COURT

\_\_\_\_\_  
Signature of Plaintiff's Attorney

\_\_\_\_\_  
Signature of Defendant's Attorney

\_\_\_\_\_  
Signature of Plaintiff

\_\_\_\_\_  
Signature of Defendant