					CACENHAMER	
				IENDED INC ODDED	CASE NUMBER	
				ING ORDER ECREE RELIEF	FC-D No	
This document is prepared by:						
				☐ Attorney for ☐ Plaintiff	☐ Defendant	
				·		
(T. III)				Name	_	
(Full Name) PLAINTIFF,						
v.				Address		
				City, State, Zip Code		
(Full Name) DEFENDANT.				Telephone Number		
IT IS HEREBY ORDERED as follows:						
☑ 1. Both parties shall appear at the Family Court of the First Circuit, located at the Ronald T.Y. Moon						
	Kapolei Courthouse, 4675 Kapolei Parkway, Kapolei, Hawai'i, for a hearing on this					
_	motion: _	at 8:30 a.m.				
□ 2.	This motion must be served on the Respondent by no later than noon on the Friday of the second week following the week in which this motion is filed. If service is made other than by personal service within					
		ne Circuit, this motion must be served on the Respondent no later than twenty (20) calendar days				
	(including weekends and holidays) prior to the first hearing on this motion. If service is not timely ma the Movant shall appear before the Family Court on the date and time set forth above and state the reason. A new hearing shall then be set by the Family Court.					
□ 3	3. Any supplements to this motion, including further supporting affidavits, must be filed and serv					
Respondent by no later than noon on the Friday of the third						
	is filed.					
□ 4.	Any written response to be presented by the Respondent in response to this motion must be filed and served					
	on the Movant by no later than the close of business on the Thursday prior to the hearing on this motion					
\Box 5.	By no late	By no later than the close of business on the Thursday prior to the hearing on this motion, each party shal				
	(a) provide the other party with a copy of his or her two (2) most recent pay statements a					
W-2 statement, or most recent federal individual income tax return if no pay statements and					•	
are available, and (b) file with the Court and provide the other party with current Income				rent Income and Expense and		
	Asset and	Asset and Debt Statements.				
☐ 6.	The nartie	es shall evel				
<u> </u>	to the hea	ring.	hange exhibits at least fort	y eight (40) hours prior		
DATE		□ CLERK	☐ JUDGE OF THE ABOV	'E-ENTITLED COURT		
		DDINE CLE	DIZ2C/HTDCE2CNIANE		4	
		PKINI CLE	RK'S/JUDGE'S NAME			

In accordance with the Americans with Disabilities Act and other applicable state and federal laws, if you require a reasonable accommodation for a disability, please contact the ADA Coordinator at the Office of the First Circuit Family Colurt office by telephone 954-8200, fax 954-8212, or via email at adarequest@courts.hawaii.gov at least ten (10) days prior to your hearing or appointment date.