

STATE OF HAWAI'I
FAMILY COURT
OF THE FIRST CIRCUIT

STATEMENT OF MAILING;
EXHIBITS "1" AND "2"

CASE NUMBER

FC-A NO.

In the Matter of Adoption of

A MALE FEMALE CHILD

Born on:

A MALE FEMALE CHILD

Born on:

A MALE FEMALE CHILD

Born on:

A MALE FEMALE CHILD

Born on:

by:

the legal spouse of and

the child(ren)'s legal parent

husband and wife

an unmarried person

Petitioner(s).

ATTORNEY FOR PETITIONER(S)

PETITIONER(S) PRO SE

Name

Address

City, State, Zip Code

Telephone Number

I represent that the following documents was served on the person listed below:

Certified copy of the Petition for Adoption (Non-Consent) and attachment

Other:

by certified mail, return receipt requested. At the time of mailing, the receipt attached as Exhibit "1" was received; and in due course, the return receipt attached hereto as Exhibit "2" was received.

The person served was:

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

DATE

SIGNATURE OF ATTORNEY OR PETITIONER



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 First Circuit Court Administration Office at PHONE NO. 539-4333, FAX 539-4322, OR TTY 539-4853 at least ten (10) working days prior to your hearing or appointment date.

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EXHIBIT 1

EXHIBIT 2



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