STATE OF HAWAI'I		MOTION FOR SERVICE BY MAIL		CASE NUMBER
FAMILY COURT AND DEC		ARATION;	FC-D No	
THIRD CIRCUIT ORDER FOR SE		RVICE BY MAIL		
•			This document is prepared by: Attorney for Plaintiff Defendant	
(Full Name) PLAINTIFF			Name	
(Full Name) F LAINTH 1			Address	_
			Address	
			City, State, Zip Code	
(Full Name) DEFENDANT			Telephone Number	
(
MOTION FOR SERVICE BY MAIL AND DECLARATION				
The undersigned party to this action moves for an authorizing service by registered or certified mail. In support of this motion the undersigned states that to his/her best information and belief the adverse party is outside the Third Circuit and receives mail at the following address:				
I hereby solemnly and sincerely declare, under penalty of perjury, that the statements made herein are true and correct to the best of my belief, information, and knowledge.				
Dated:, Hawaiʻi:				
(City)		(Date)		(Movant's Signature)
ORDER FOR SERVICE BY MAIL It appears that service by mail is appropriate and reasonable. IT IS HEREBY ORDERED that service herein may be made by forwarding certified copies of: Complaint for Divorce; Automatic Restraining Order; and Summons to Answer Complaint Motion for Pre-Decree Relief; Order for Pre-Decree Relief; and Attachment(s) Motion and Declaration for Post-Decree Relief				
LJ				
and of this Order to the Plaintiff Defendant by registered or certified mail with return receipt requested and a direction to deliver to addressee only and that actual receipt by Plaintiff Defendant of the above-named document(s) sent in accordance with this Order shall be equivalent to personal service by an authorized process server as of the date of receipt.				
DATE	JUDGE'S S	SIGNATURE		
[] Hilo [] Kona	Print Judge	da Nama:		COURTINE ONLY

DECLARATION; ORDER FOR SERVICE BY MAIL

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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 Family Court Administration Office at PHONE NO. (808) 961-7629, FAX (808) 961-7577, or email adarequest@courts.hawaii.gov at least ten (10) working days prior to your hearing or appointment date.