

STATE OF HAWAII
FAMILY COURT
THIRD CIRCUIT

**NOTICE OF INTENT TO FILE A COMPLAINT
AGAINST A PRIVATE CHILD CUSTODY EVALUATOR**

CASE NUMBER

FC- _____ No. _____

I, _____
Name of Party/Complainant

am the Plaintiff/Petitioner Defendant/Respondent in FC-_____ No. _____:

Case Name (Plaintiff/Petitioner vs. Defendant/Respondent)

I am informing the Family Court of my intent to file a complaint against:

_____ who is a licensed
Name of Private Child Custody Evaluator

- Physician who has completed a residency in psychiatry
- Board Certified Psychiatrist
- Psychologist
- Marriage and Family Therapist
- Clinical Social Worker

and was appointed to perform a child custody evaluation and report in the above-entitled case. The following is a summary of my complaint:

I declare under penalty of perjury under the laws of the State of Hawai'i that the foregoing is true and correct.

Date

Signature of Party/Complainant



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 PHONE NO. 961-7424, FAX 961-7411, or TTY 961-7422 at least ten (10) working days prior to your hearing or appointment date.