

Name, Address & Phone Number
(If Attorney filing, type Name, Address & Phone Number)

[] Plaintiff, Pro Se [] Defendant, Pro Se
[] Attorney for [] Plaintiff [] Defendant

IN THE FAMILY COURT OF THE SECOND CIRCUIT
STATE OF HAWAII

)	FC-D NO. _____
)	
)	SUMMONS TO ANSWER
Plaintiff/Petitioner,)	COMPLAINT
)	
vs.)	
)	
)	
)	
)	
Defendant/Respondent.)	

SUMMONS TO ANSWER COMPLAINT
TO THE DEFENDANT

You are hereby summoned and required to serve a written answer to the attached Complaint within twenty (20) days after service of this Summons upon you, exclusive of the date of service.

Your written answer must be filed with the Chief Clerk of this Circuit at the following location or address:

Hoapili Hale
2145 Main Street
Wailuku, Maui HI 96793

A copy of your answer should also be served upon the Plaintiff's attorney, or in the event Plaintiff is not represented by an attorney, upon the Plaintiff at the address shown on the Complaint.

If you fail to file your written answer within the twenty (20) day time limit, further action may be taken in this case, including judgment for the relief demanded in the Complaint, without further notice to you.

THIS SUMMONS SHALL NOT BE PERSONALLY DELIVERED BETWEEN 10:00 P.M. AND 6:00 A.M. ON PREMISES NOT OPEN TO THE PUBLIC, UNLESS A JUDGE OR THE DISTRICT OR CIRCUIT COURTS PERMITS, IN WRITING ON THE SUMMONS, PERSONAL DELIVERY DURING THOSE HOURS.

FAILURE TO OBEY THE SUMMONS MAY RESULT IN AN ENTRY OF A DEFAULT AND DEFAULT JUDGMENT AGAINST THE PERSON SUMMONED.

DATE

CLERK OF THE COURT

Americans with Disabilities Act Notice



If you need an accommodation for a disability when participating in a court program, service, or activity, please contact the ADA Coordinator as soon as possible to allow the court time to provide an accommodation:

Call (808) 244-2855 FAX (808) 244-2932 OR Send an e-mail to: adarequest@courts.hawaii.gov. The court will try to provide, but cannot guarantee, your requested auxiliary aid, service or accommodation.