_____
Name

_____
Address

_____
City, State, Zip Code

☐ Attorney for ☐ Petitioner ☐ Respondent ☐ _____

IN THE FAMILY COURT OF THE SECOND CIRCUIT

STATE OF HAWAI'I

| | | |
|---|---|---|
| In the Matter of | ) | FC-M No. _____ |
| | ) | |
| | ) | ORDER CONTINUING THE HEARING ON THE *PETITION FOR ASSISTED COMMUNITY TREATMENT* |
| _____, | ) | |
| Respondent | ) | Presiding Judge: _____ |
| ☐ a Minor | ) | |
| | ) | Hearing Date: _____ |

ORDER CONTINUING THE HEARING ON THE
*PETITION FOR ASSISTED COMMUNITY TREATMENT*

Present:

☐ _____, Petitioner

☐ _____, Respondent

☐ _____, _____

☐ _____, _____

☐ _____, _____

☐ _____, _____

☐ _____, _____

☐ _____, _____

___. Respondent was duly served, but did not appear. Three calls were made for Respondent without response.

FC Adm 2/27/14

___. The following person(s) were duly served, but did not appear: _____

_____

_____

_____

___. The following person(s) were not served: _____

_____

_____

The above-entitled matter came on for hearing on _____ before the Honorable _____. Upon a showing of good cause, the Court continues this proceeding and HEREBY ORDERS that:

____ _____

_____

_____

_____

_____

_____

_X_ the parties shall return for further hearing to be held on: _____

at_____ ☐ a.m. ☐ p.m.

Dated: Wailuku, Hawai'i _____.

_____

JUDGE OF THE ABOVE-ENTITLED COURT

c: Petitioner
Respondent

Other(s): _____

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. 244-2700, FAX 244-2704 OR TTY 244-2889 or via email at adarequest@court.hawaii.gov at least ten (10) working days prior to your hearing or appointment date. For all Civil related matters, please call 244-2706 or visit the Service Center at 2145 Main Street, Room 141, Wailuku, HI 96793

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