Name	
Address	
City, State, Zip Code Attorney for Petitioner Respondent	
IN THE FAMILY COU	RT OF THE SECOND CIRCUIT
STATE	E OF HAWAI'I
In the Matter of Respondent) FC-M No) ORDER CONTINUING THE HEARING ON THE PETITION FOR ASSISTED COMMUNITY TREATMENT) Presiding Judge:
[] a Minor) Hearing Date:
	NG THE HEARING ON THE TED COMMUNITY TREATMENT
Present:	
[]	, Petitioner
[]	, Respondent
[]	·
[]	
[]	
[]	
[]	
Respondent was duly served, but did not response.	appear. Three calls were made for Respondent without

	The follow	ing person(s) were duly	served, but did	not appear:
			,	
	The follow	ing person(s) were not s	erved:	
	The above-er	ntitled matter came on fo	or hearing on _	
bef			_	Upon a showing of good cause, the Court
		oceeding and HEREBY		open want wang or good amoo, and count
COL	umues ums pre	and HERED I	ORDERS mai.	
v		1 11		
<u> </u>	-		•	d on:
	at	a.m.	n.	
	DATED:	Wailuku, Hawaiʻi,		<u> </u>
			HID 65	
c:	Petitioner	Other(s):	JUDGE	OF THE ABOVE-ENTITLED COURT



Respondent

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