
Name

Address

City, State, Zip Code

☐ Attorney for ☐ Petitioner ☐ Respondent ☐ _____

IN THE FAMILY COURT OF THE SECOND CIRCUIT

STATE OF HAWAII

In the Matter of _____) FC-M No. _____
)
)
) ORDER CONTINUING THE HEARING ON
) THE *PETITION FOR ASSISTED COMMUNITY*
) *TREATMENT* FOR APPOINTMENT OF
) COUNSEL
_____,)
Respondent)
[] a Minor)
_____)
Hearing Date: _____

ORDER CONTINUING THE HEARING ON THE
PETITION FOR ASSISTED COMMUNITY TREATMENT FOR APPOINTMENT OF COUNSEL

Present:

[] _____, Petitioner
[] _____, Respondent
[] _____, _____
[] _____, _____
[] _____, _____
[] _____, _____
[] _____, _____
[] _____, _____

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

____. 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:

____ the Respondent be represented by a public defender, and/or

____ an attorney be appointed to represent Respondent and

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

at _____ a.m./p.m. [Not more than 7 days pursuant to HRS § 334-126(e).]

____ The Court further orders that: _____

DATED: Wailuku, Hawai'i, _____.

JUDGE OF THE ABOVE-ENTITLED COURT

c: Petitioner Others:
 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