STATE OF HAWAI'I FAMILY COURT SECOND CIRCUIT	STATEMENT OF MAILING EXHIBITS "1" AND "2"		FC-M No.
In the Matter of		This document is prepared by Attorney for Petitioner Respondent Interested Party	
		Name	
Respondent			
[] a Minor		City, State, Zip Code Telephone No.	
STATEMENT OF MAILING			
I REPRESENT THAT I caused one certified file-stamped copy of the:			
 □ Petition for Assisted Community Treatment □ Notice of Intent to Discharge Respondent from Assisted Community Treatment □ Petition for Continued Assisted Community Treatment □			
to be mailed by certified or registered mail, return receipt requested. to:			
Name of Person Mail is Addressed to			
Address			
City, State, Zip Code			
At the time of mailing, the receipt attached hereto as Exhibit "1" was postmarked and dated.			
Thereafter, the return receipt attached as Exhibit "2" was received.			
DATE Signature of L	Atty for ☐ Petitioner ☐ Respo	ndent ∐ Interested Pty	
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			

EXHIBIT "1"

EXHIBIT "2"