HRS 586 TEMPORARY RESTRAINING ORDER
FACSIMILE TRANSMITTAL COVER SHEET

TO: FAMILY COURT OF THE SECOND CIRCUIT
Fax No.: 244-2767 (8:00 a.m. to 3:00 p.m.)

FROM: Name of Person/Agency: _____

Address: _____

Telephone No.: _____ Fax Number Transmitted From: _____

Date of Transmission: _____ Number of pages being transmitted, including cover sheet: _____

The following documents have been transmitted for filing (**Note**: The filing party bears all risks of transmitting the petition by fax. The Service Center is not responsible for acknowledging receipt of any petition transmitted by fax. Faxing a petition does not constitute filing):

☐ Ex Parte Petition For An HRS 586 Temporary Restraining Order
☐ Temporary Restraining Order
☐ Notice of Temporary Restraining Order and Notice of Hearing
☐ Proof of Service

RESPONDENT INFORMATION:

Full Legal Name: _____

Date of Birth: _____ *Age:* _____ *SS #:*_____

Home Address: _____

Employer's name: _____

Employer's Address: _____

Work Hours: _____

Phone Numbers: Home: _____ *Work:* _____ *Cell:* _____

Physical description (i.e., identifying scars, height, weight, eye color, etc.): _____

_____

Other addresses & times where Respondent can be served other than at home or work: _____

_____

☐ Respondent currently residing within Maui County
☐ Respondent suspected or known to be in-custody and service is requested prior to or immediately following hearing
☐ Respondent currently residing outside the State of Hawaii.

DISTRIBUTION:

Petitioner's Copy
☐ Mail to Petitioner
☐ Pick up by Petitioner, if not picked up by end of business day, will be placed in agency's court jacket or mailed.
☐ Pick up by Agent, if not picked up by end of business day, will be placed in agency's court jacket or mailed.
☐ Other: _____

Respondent's Copy (If unchecked, respondent's copy will be forwarded to MPD, Wailuku Headquarters)
☐ Pick up by Petitioner, if not picked up by end of business day, will be forwarded to MPD
☐ Pick up by Agent, if not picked up by end of business day will be forwarded to MPD
☐ Other: _____

SPECIAL ACCOMMODATION - INTERPRETER REQUIRED: _____YES _____NO

Petitioner Language: _____

Respondent Language: _____

PETITIONER CONTACT INFORMATION:

Full Legal Name: _____

Date of Birth: _____ Age: _____ SS#: _____

Home Address: _____
Street No. City

Mailing Address: _____

Employer Address: _____

Work hours: _____

Phone Numbers: Home: _____ Work _____

Cell: _____

RESET FORM