

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

Attorney for  Petitioner  Respondent  \_\_\_\_\_

IN THE FAMILY COURT OF THE FIRST CIRCUIT

STATE OF HAWAI'I

In the Matter of	)	FC-M No. _____
	)	
_____	)	ORDER CONTINUING HEARING ON THE
	)	PETITION FOR ASSISTED COMMUNITY
Respondent	)	TREATMENT FOR APPOINTMENT OF
	)	COUNSEL
Birthdate: _____ [ ] Male [ ] Female	)	Presiding Judge: _____
[ ] 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 with no response.

\_\_\_\_. The following person(s) was/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:

- \_\_\_ Respondent be represented by a Public Defender, and/or
- \_\_\_ the attorney be appointed to represent Respondent and
- X the parties shall return for further hearing to be held on: \_\_\_\_\_

at \_\_\_\_\_  a.m.  p.m.

\_\_\_ The Court further orders that: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

DATED: Kapolei, Hawai'i, \_\_\_\_\_.

\_\_\_\_\_  
JUDGE OF THE ABOVE-ENTITLED COURT

c: Petitioner Other(s):  
Respondent



In accordance with the Americans with Disabilities Act, as amended, and other applicable state and federal laws, if you require accommodation for a disability, please contact the ADA Coordinator at the First Circuit Court, Family Court office by telephone at 954-8200, fax 954-8308, or via email at [adarequest@courts.hawaii.gov](mailto:adarequest@courts.hawaii.gov) at least five (5) days prior to your hearing or appointment date.

*Please call the Family Court Service Center at 954-8290 if you have any questions about forms or procedures.*