STATE OF HA	HAWAI'I STATEN		NT OF MAILING	CASE NUMBER	
FAMILY CO		EXHIBITS "1	I" AND "2"	FC-M No	
FIRST CIRC	JUH		This document is prepared	l by	
In the Matter of				er Respondent Interested Party	
			Name		
			Address		
		Respondent	City, State, Zip Code		
Birthdate:		[]Male []Female	City, Clate, Zip Code		
[] a Minor			Telephone No.		
L 1 a Millor					
STATEMENT OF MAILING					
I REPRESENT THAT I caused one <u>certified</u> 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					
- Cutton for Continued 7.53/3/64 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	of mailing,	the receipt attached he	ereto as Exhibit "1" v	was postmarked and dated.	
Thereafter, the r	eturn rece	ipt attached as Exhibit "2	2" was received.		
DATE Signature of Atty for Petitioner Respondent Interested Pty					
In accordance w	rith the Americ	ans with Disabilities Act, as amer	nded, and other applicable		
state and federal laws, if you require accommodation for a disability, please contact the ADA Coordinator at the First Circuit Family Court office by telephone at 954-8200, fax					
954-8308, or via	954-8308, or via email at adarequest@courts.hawaii.gov at least five (5) days prior to your hearing or appointment date.				
•		Service Center at (808)954	-8290 if you have any		
questions regarding forms or procedures.				COURT USE ONLY	

EXHIBIT "1"

EXHIBIT "2"