

<b>STATE OF HAWAII</b> FAMILY COURT OF THE FIRST CIRCUIT				<b>EXHIBIT LIST</b>		CASE NUMBER  FC-CU NO.	
PLAINTIFF				PLAINTIFF ATTORNEY (Name, Address, and Telephone Number)			
DEFENDANT				DEFENDANT ATTORNEY (Name, Address, and Telephone Number)			
DATE OF TRIAL OR HEARING(S)			PREPARING CLERK(S):			JUDGE	
EXHIBIT NO. IDENTIFY NO. CODE ____ PLAINTIFF ____ DEFENDANT	OFFERED FOR IDENTIFICATION	RECEIVED IN EVIDENCE	WITHDRAWN	DESCRIPTION OF EXHIBIT			DATE  R = RETURNED D = DESTROYED OTHER COMMENTS
<b>FOR OFFICE USE ONLY</b>							<b>FOR COURT USE ONLY</b>
<div style="text-align: center;">LOCATION OF EXHIBITS</div> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ATTACHED   <input type="checkbox"/> SHELF NO.   <input type="checkbox"/> CODE NO.         </div> <div> <input type="checkbox"/> OTHER         </div> </div>							
DATE		RECEIVED			PAGE ____ OF ____ PAGES		



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 Office of the Deputy Chief Court Administrator at PHONE NO. 954-8200, FAX 954-8212, or TTY 539-4853 at least ten (10) working days prior to your hearing or appointment date.

**Please Call Ho'okele, Family Court's Help Desk, at 954-8290 if you have any questions about how to fill out this form.**

STATE OF HAWAI'I FAMILY COURT OF THE FIRST CIRCUIT				EXHIBIT LIST CONTINUATION SHEET		CASE NUMBER  FC-CU NO.	
EXHIBIT NO. IDENTIFY NO. CODE  ___ PLAINTIFF  ___ DEFENDANT	OFFERED FOR IDENTIFICATION	RECEIVED IN EVIDENCE	WITHDRAWN	DESCRIPTION OF EXHIBIT			DATE  R = RETURNED D = DESTROYED OTHER COMMENTS