| STATE OF HAWAI'I<br>FAMILY COURT OF THE FIRST CIRCUIT | EXHIBIT LIST | CASE NUMBER<br>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<br>___ PLAINTIFF<br>___ DEFENDANT | OFFERED FOR IDENTIFICATION | RECEIVED IN EVIDENCE | WITHDRAWN | DESCRIPTION OF EXHIBIT | DATE<br>R = RETURNED<br>D = DESTROYED<br>OTHER COMMENTS |
|---|---|---|---|---|---|
| | ☐ | ☐ | ☐ | | |
| | ☐ | ☐ | ☐ | | |
| | ☐ | ☐ | ☐ | | |
| | ☐ | ☐ | ☐ | | |
| | ☐ | ☐ | ☐ | | |
| | ☐ | ☐ | ☐ | | |
| | ☐ | ☐ | ☐ | | |

**FOR OFFICE USE ONLY**

LOCATION OF EXHIBITS

- ❑ ATTACHED
- ❑ SHELF NO.
- ❑ CODE NO.
- ❑ OTHER

| DATE | RECEIVED | PAGE _____ OF _____ PAGES | **FOR COURT USE ONLY** |
|---|---|---|---|

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<br>FAMILY COURT<br>OF THE FIRST CIRCUIT | EXHIBIT LIST<br>CONTINUATION SHEET | CASE NUMBER<br>FC-CU NO. |
|---|---|---|

| EXHIBIT NO. IDENTIFY NO. CODE<br>___ PLAINTIFF<br>___ DEFENDANT | OFFERED FOR IDENTIFICATION | RECEIVED IN EVIDENCE | WITHDRAWN | DESCRIPTION OF EXHIBIT | DATE<br>R = RETURNED<br>D = DESTROYED<br>OTHER COMMENTS |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |



CLEAR FORM