

STATE OF HAWAII FAMILY COURT FIRST CIRCUIT	SUMMONS TO ANSWER COMPLAINT FOR CIVIL UNION DIVORCE	CASE NUMBER FC-CU No.
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vs. PLAINTIFF, (Full Name) DEFENDANT (Full Name)	This document is prepared by: <input type="checkbox"/> Plaintiff <input type="checkbox"/> Attorney for Plaintiff Name Address City, State, Zip Telephone
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TO THE DEFENDANT

You are hereby summoned and required to file and serve a written answer to the attached *Complaint for Civil Union Divorce* within 20 days after service of this *Summons* upon you, exclusive of the date of service.

Your written answer must be filed with the Chief Clerk of this Circuit at the following location or address.

Ronald T. Y. Moon Kapolei Courthouse 4675 Kapolei Parkway Kapolei, Hawai'i 96707-3272	or	Ka'ahumanu Hale 777 Punchbowl Street Honolulu, Hawai'i 96813
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A copy of your answer should also be served upon the Plaintiff's attorney, or if Plaintiff is not represented by an attorney, upon the Plaintiff at the address shown on the *Complaint*.

If you fail to file your written answer within 20-day time limit, further action may be taken in this case, including a judgment by default for the relief demanded in the *Complaint*, without further notice to you.

THIS SUMMONS SHALL NOT BE PERSONALLY DELIVERED BETWEEN 10:00 P.M. AND 6:00 A.M. ON PREMISES NOT OPEN TO THE PUBLIC, UNLESS A JUDGE OF THE DISTRICT OR CIRCUIT COURT PERMITS, IN WRITING ON THIS SUMMONS, PERSONAL DELIVERY DURING THOSE HOURS.

FAILURE TO OBEY THIS SUMMONS MAY RESULT IN AN ENTRY OF A DEFAULT AND DEFAULT JUDGMENT AGAINST THE PERSON SUMMONED.

DATE ISSUED	CLERK	FOR COURT USE ONLY
I do hereby certify that this is a full, true, and correct copy of the original on file in this office.	CLERK OF THE COURT	



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 First Circuit Court Administration Office at PHONE NO. 954-8200, FAX 954-8308, OR TTY 539-4853 at least ten (10) working days prior to your hearing or appointment date.

Please call Ho'okele, the Self-Help Desk, at 954-8290, if you have any questions about how to fill out this form.