STATE OF HAWAI	I				CASE N	IUMBER		
FAMILY COURT FIRST CIRCUIT		DECLARATION OF INTENT			ST. N.S.			
		TO SERVE	BY MAIL		FC-F	FC-P No.		
[] CHILD SUPPORT ENFORCEMENT AGENCY,			This document was prepared by:					
			[]Petitioner []Defendant					
[] MOTHED [] FATHED [] CARETAKED			[]Attorney for []Petitioner []Defendant					
[] MOTHER [] FATHER [] CARETAKER PETITIONER(S),								
V.			Name					
[] MOTHER [] FATHER [] CARETAKER			Address					
5 <u>2</u>								
[] MOTHER [] FATHER [] CARETAKER						State	Zip Code	
T I MOTTER T ITATILE T JOANETAKER							p	
JIAIL OI HAWAH,				l No l				
				hone Number				
		DEFENDANT(S).						
DECLARATION OF INTENT TO SERVE BY MAIL								
I am the [] PETITIONER [] DEFENDANT in this action and I intend to serve the below named party by								
certified mail, return receipt requested, restricted delivery with the following documents:								
[] Petition for Paternity or For Custody, Visitation, & Support Orders After Voluntary Establishment of Paternity								
[]Summons								
Motion After Judgment or Order and Declaration; Hearing Scheduling Order								
Amended Order for Hearing on Motion Attachments:								
[] Attachments: [] Attachment for Information on Additional Child(ren) [] Birth Certificate(s) of Child(ren)								
[] Paternity Financial Information Sheet [] Child Support Guidelines Worksheet								
				[] Last Three (3) Pay Stubs				
[]Proposed Parenting Plan								
To my best information and belief, the below named party resides outside of the First Circuit (Island								
of Oʻahu), State of Hawaiʻi and receives mail at the following address:								
Name of Person to be Served:								
Address:								
City State 7in Code:								
City, State, Zip Code:								
I do declare under the penalty of law that the foregoing is true and correct.								
DATE SIGNATURE								
PRINT	NAME:					COURT	USE ONLY	

FC Adm 1/26/15

DECLARATION OF INTENT TO SERVE BY MAIL

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 Family Court office by telephone at 954-8200, fax 954-8308, or via email at adarequest@courts.hawaii.gov at least ten (10) working days prior to your hearing or appointment date.