


STATE OF HAWAI'I FAMILY COURT FIRST CIRCUIT	<b>HEARING  SCHEDULING ORDER</b>	CASE NUMBER  FC-P No.
<input type="checkbox"/> CHILD SUPPORT ENFORCEMENT AGENCY, STATE OF HAWAI'I,  <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> CARETAKER PETITIONER,  v.  <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> CARETAKER  <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> CARETAKER <input type="checkbox"/> and CHILD SUPPORT ENFORCEMENT AGENCY, STATE OF HAWAI'I,  DEFENDANT(S).	This document was prepared by: <input type="checkbox"/> Petitioner <input type="checkbox"/> Defendant _____ <input type="checkbox"/> Attorney for <input type="checkbox"/> Petitioner <input type="checkbox"/> Defendant  Name _____  Address _____  City _____ State _____ Zip Code _____  Telephone Number _____	
IT IS HEREBY ORDERED as follows:  <input type="checkbox"/> 1. All parties shall appear at the Family Court of the First Circuit, Ronald T.Y. Moon Kapolei Courthouse, 4675 Kapolei Parkway, Third Floor, Kapolei, Hawai'i, 96707, for a hearing on this motion on:  THURSDAY (date): _____ at TIME: <input type="checkbox"/> 8:00 A.M. <input type="checkbox"/> 1:00 P.M.  <input type="checkbox"/> 2. This motion must be personally served on the Respondent(s) (other parties) by 12:00 p.m. (noon)  _____  If service is made other than by personal service outside the circuit (O'ahu), this motion must be served on the Respondent(s) at least twenty (20) calendar days (including weekends and holidays) prior to the scheduled hearing date.  If service is not timely made by personal service or mail, the Movant shall appear before the Family Court on the date and time set forth above and state the reasons why. A new hearing may then be set.  3. The Respondent(s) shall, by 12:00 p.m. (noon) on the Friday before the scheduled hearing on this Motion, file and provide the Movant and the Child Support Enforcement Agency, a written response to this motion and if custody and/or child support is at issue his/her current Paternity Financial Information Sheet and copies of his/her three (3) most recent pay statements.		
DATE	CLERK OF THE COURT	
 In accordance with the Americans with Disabilities Act, as amended, and other applicable state and federal laws, if you require accommodation for a disability, please contact the ADA Coordinator at the Office at the First Circuit Family Court office by telephone at 954-8200, fax 954-8212, or via email at <a href="mailto:adarequest@courts.hawaii.gov">adarequest@courts.hawaii.gov</a> at least ten (10) working days prior to your hearing or appointment date.		<b>COURT USE ONLY</b>