
Name

Address

City, State, Zip Code

☐ Attorney for ☐ Plaintiff ☐ Defendant

IN THE FAMILY COURT OF THE FIRST CIRCUIT

STATE OF HAWAII

_____)	FC-P No. _____
)	
_____)	PRETRIAL ORDER NO. 1
(Your First, Middle, and Last Name))	
PETITIONER,)	Attachment(s) _____
v.)	
)	
_____)	
)	
(First, Middle, and Last Name of other parent, caretaker, and legal father, if any, in capital letters))	
and)	
CHILD SUPPORT ENFORCEMENT AGENCY,)	
STATE OF HAWAII ,)	Hearing Date: _____
DEFENDANT(S).)	
_____)	Presiding Judge: _____

PRETRIAL ORDER NO. 1

Present: ☐ Plaintiff ☐ Plaintiff's Attorney: _____
☐ Defendant ☐ Defendant's Attorney: _____
☐ _____



Pretrial Conference Date, Scheduling Information, and Other Important Deadlines.

All Blanks must be Filled in. A deadline date in this order is binding unless a different date is set forth in a later order (such as the report dates established in the Custody Evaluator Order).

<u>EVENT</u>	<u>DATE</u>
WITNESS LIST filed by the parties Names of lay & expert witnesses, contact information, and subject matter of testimony	_____
EXHIBITS Exchanged <u>and two (2) sets provided to the Court</u>	_____
PRE-TRIAL MOTION(S) DEADLINE	_____
PRE-TRIAL CONFERENCE	_____
LENGTH OF TRIAL	_____

STIPULATION(S)/ISSUE(S) IN DISPUTE:

Issues that are checked as "Agreed" are not in dispute.

	<u>Agreed</u>	<u>Disputed</u>	<u>Not Applicable</u>
1. Jurisdiction:			
a. Personal jurisdiction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Subject matter jurisdiction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Legal custody.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Physical custody.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Visitation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Income of:			
a. Plaintiff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Defendant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Expenses of:			
a. Plaintiff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Defendant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Child Support.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Child health care:			
a. Maintenance of insurance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Payment of excess expenses.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Compliance with prior orders.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Child's Name:			
___ No name change			
___ Name shall be changed to: _____			
		(Full Name)	
11. Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[] It is further ordered that: _____

FAILURE TO COMPLY WITH THIS ORDER MAY RESULT IN SANCTIONS INCLUDING, BUT NOT LIMITED TO, THE ENTRY OF JUDGMENT AGAINST YOU, DENIAL OF THE RIGHT TO PRESENT WITNESSES OR EXHIBITS AND AN ORDER FOR PAYMENT OF ATTORNEY'S FEES AND COSTS, OR SUCH OTHER RELIEF AS THE COURT DEEMS APPROPRIATE.

Dated: Kapolei, Hawai'i, _____
(Date)

JUDGE OF THE ABOVE-ENTITLED COURT

APPROVED AS TO FORM AND CONTENT:

Signature of Plaintiff's Attorney

Signature of Defendant's Attorney

Signature of Plaintiff

Signature of Defendant