

STATE OF HAWAI'I FAMILY COURT FIRST CIRCUIT	PROOF OF SERVICE	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 <div style="text-align:right;">PETITIONER,</div> 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, <div style="text-align:right;">DEFENDANT(S).</div>	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 _____		
PERSON(S) SERVED	DATE	TIME	PLACE
DOCUMENTS SERVED			
<input type="checkbox"/> Petition for Paternity or for Custody, Visitation and Support Orders After Voluntary Establishment of Paternity <input type="checkbox"/> Summons <input type="checkbox"/> Amended Hearing Scheduling Order <input type="checkbox"/> Motion for Relief After Judgment or Order and Declaration; Hearing Scheduling Order <input type="checkbox"/> Motion and Declaration to Modify Child Support and Attachments <input type="checkbox"/> Attachments <input type="checkbox"/> Attachment for Information on Additional Children <input type="checkbox"/> Birth Certificate(s) of Child(ren) <input type="checkbox"/> Paternity Financial Information Sheet <input type="checkbox"/> Child Support Guidelines Worksheet <input type="checkbox"/> Hawai'i Paternity Action Information <input type="checkbox"/> Pay Stubs <input type="checkbox"/> Proposed Parenting Plan <input type="checkbox"/> Notice to Attend Kids First <input type="checkbox"/> _____ <input type="checkbox"/> _____			
COMMENTS:			
DATE	SIGNATURE OF SERVER/SHERIFF		
PRINT NAME:			FOR COURT USE ONLY



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 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) days prior to your hearing or appointment date.

Please call the Family Court Service Center at 954-8290 if you have any questions about forms or procedures.