

STATE OF HAWAI'I FAMILY COURT FIRST CIRCUIT	STATEMENT OF MAILING EXHIBITS 1 and 2	CASE NUMBER FC-P No.						
<div style="border-bottom: 1px solid black; padding-bottom: 5px;"> <input type="checkbox"/> CHILD SUPPORT ENFORCEMENT AGENCY, STATE OF HAWAI'I, </div> <div style="display: flex; justify-content: space-between; padding: 5px 0;"> <div style="border-bottom: 1px solid black; width: 30%;"> <input type="checkbox"/> MOTHER </div> <div style="border-bottom: 1px solid black; width: 30%;"> <input type="checkbox"/> FATHER </div> <div style="border-bottom: 1px solid black; width: 30%;"> <input type="checkbox"/> CARETAKER </div> </div> <div style="text-align: center; padding: 5px 0;"> PETITIONER, v. </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> CARETAKER </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> <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> <div style="text-align: center; padding-top: 5px;"> 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 _____						
<p>I represent that I mailed one <u>certified</u> copy of each of the following documents:</p> <p><input type="checkbox"/> PETITION FOR PATERNITY or FOR CUSTODY, VISITATION, and SUPPORT ORDERS AFTER VOLUNTARY ESTABLISHMENT OF PATERNITY and ATTACHMENTS; SUMMONS</p> <p><input type="checkbox"/> MOTION FOR RELIEF AFTER JUDGMENT OR ORDER AND DECLARATION and ATTACHMENTS</p> <p><input type="checkbox"/> AMENDED HEARING SCHEDULING ORDER</p> <p><input type="checkbox"/> ORDER SETTING HEARING OR TRIAL</p> <p><input type="checkbox"/> INCOME WITHHOLDING ORDER/ NOTICE OF SUPPORT</p> <p><input type="checkbox"/> OTHER: _____</p> <p>by certified or registered mail, return receipt requested, <input type="checkbox"/> restricted delivery to addressee as follows:</p> <p>NAME: _____</p> <p>ADDRESS: _____</p> <p>CITY, STATE, ZIP CODE: _____</p> <div style="display: flex; justify-content: space-between; align-items: flex-start; margin-top: 20px;"> <div style="width: 60%;"> <p>At the time of mailing, the receipt attached hereto as Exhibit "1" was postmarked and dated. Thereafter, the return receipt attached as Exhibit "2" was received.</p> </div> <div style="width: 35%; border: 1px solid black; height: 150px;"></div> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 20%; padding: 5px;">DATE</td> <td style="width: 40%; padding: 5px;">SIGNATURE</td> <td style="width: 40%;"></td> </tr> <tr> <td style="height: 40px;"></td> <td></td> <td></td> </tr> </table>			DATE	SIGNATURE				
DATE	SIGNATURE							

EXHIBIT 1

EXHIBIT 2