I					
STATE OF HAWAI'I STATEMENT (				CASE NUMBER	
FAMILY COURT EXHIBIT		S 1 and 2			
FIRST CIRCUIT			ı	FC-P No.	
[ ] CHILD SUPPORT ENFORCEMENT AGENCY,			This document was prepared by:		
STATE OF HAWAI'I,			[ ] Petitioner		
			Defendant		
[]MOTHER []FATHER []CARETAKER			Attorney for l	☐ Petitioner ☐ Defenda	nt
PETITIONER.					
	v.	TETTTOTIER,	Name		
[ ]MOTHER [	] FATHER [	] CARETAKER	Address		
[]MOTHER [	] FATHER [	] CARETAKER	City	State	Zip Code
			City	State	Zip Code
and CHILD SUPPORT ENFORCEMENT AGENCY,					
STATE OF HAW	Al I,	DEFENDANT(S).	Telephone Number	er	
I represent that I mailed one <u>certified</u> copy of each of the following documents:					
[ ] PETITION FOR PATERNITY or FOR CUSTODY, VISITATION, and SUPPORT ORDERS AFTER					
VOLUNTARY ESTABLISHMENT OF PATERNITY and ATTACHMENTS; SUMMONS					
[ ] MOTION FOR RELIEF AFTER JUDGMENT OR ORDER AND DECLARATION and ATTACHMENTS					
[ ] AMENDED HEARING SCHEDULING ORDER					
[ ] ORDER SETTING HEARING OR TRIAL					
[ ] INCOME WITHHOLDING ORDER/ NOTICE OF SUPPORT					
[ ] OTHER:					
by certified or registered mail, return receipt requested, [ ] restricted delivery to addressee as follows:					
NAME:					
ADDRESS:					
CITY, STATE, ZIP CODE:					
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.					
DATE	SIGNATURE				

FC Adm 1/8/15

STATEMENT OF MAILING; EXHIBITS 1 and 2



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 adarequest@courts.hawaii.gov at least ten (10) working days prior to your hearing or appointment date.

EXHIBIT 1 EXHIBIT 2