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| STATE OF HAWAI'I FAMILY COURT FIRST CIRCUIT | MOTION FOR SERVICE BY MAIL AND AFFIDAVIT; ORDER FOR SERVICE BY MAIL | CASE NUMBER FC-CU No. |
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| <div style="text-align: center;"> PLAINTIFF <small>(Your Full Name)</small> </div> <div style="text-align: center; margin-top: 20px;"> V. </div> <div style="text-align: center;"> DEFENDANT <small>(Your Partner's Full Name)</small> </div> | This document is prepared by <input type="checkbox"/> Plaintiff <input type="checkbox"/> Attorney for Plaintiff |
| | Name |
| | Address |
| | City, State, Zip Code |
| | Telephone No. |

MOTION FOR SERVICE BY MAIL AND AFFIDAVIT

The undersigned party to this action for an order authorizing service by registered or certified mail. In support of this motion the undersigned states that to his/her best information and belief the adverse party is outside the Circuit and receives mail at the following address:

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

Movant's Signature: _____

Document Title: Motion for Service by Mail and Affidavit Document Date: _____ No. of Pages: _____
was subscribed and sworn to before me in the First Circuit, State of Hawai'i, by _____
Notary Public's Signature: _____ Date: _____
Print Notary Public's Name: _____ First Circuit, State of Hawai'i
My commission expires: _____

L.S. (Seal)

ORDER FOR SERVICE BY MAIL

It appears that service by mail is appropriate and reasonable. IT IS HEREBY ORDERED that service herein may be made by forwarding certified copies of the:

- Complaint Summons Motion and Affidavit for Pre-Decree Relief and Attachments
- Motion and Affidavit for Post-Decree Relief and Attachments; Scheduling Order for Post-Decree Relief
- Income and Expense Statement; Asset and Debt Statement
- _____

and of this Order to the Plaintiff Defendant by registered or certified mail with return receipt requested and a direction to deliver to addressee only and that actual receipt by the Plaintiff Defendant of the above document(s) sent in accordance with this Order shall be equivalent to personal service by an authorized process server as of the date of receipt.

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|------|---------------------|-------------------------|
| DATE | JUDGE'S SIGNATURE | (COURT USE ONLY) |
| | PRINT JUDGE'S NAME: | |

In accordance with the Americans with Disabilities Act and other applicable state and federal laws, if you require a reasonable accommodation for a disability, please contact the ADA Coordinator at the Office of the Chief Administrator at PHONE NO.954-8200, FAX 954-8212, or TTY 539-4853 at least ten (10) working days prior to your hearing or appointment date.