

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Telephone Number

Attorney for     Petitioner

IN THE FAMILY COURT OF THE FIRST CIRCUIT

STATE OF HAWAI'I

In the Matter of the Guardianship of	)	FC-G No. _____
	)	
	)	PETITION FOR APPOINTMENT OF A
	)	GUARDIAN OF AN INCAPACITATED
_____,	)	PERSON; NOTICE OF HEARING
(Full Legal Name)	)	
An Incapacitated Person.	)	
_____	)	

PETITION FOR AN APPOINTMENT OF A GUARDIAN  
OF AN INCAPACITATED PERSON

TO THE HONORABLE PRESIDING JUDGE OF THE FAMILY COURT:

Petitioner respectfully alleges as follows:

1. This petition is for the appointment of a guardian for:

\_\_\_\_\_,  
(Full Legal Name)

hereinafter referred to as "Respondent," who is an Incapacitated Person residing or present within the jurisdiction of this Court, pursuant to sections (§§) 560:5-106 and 560:5-108(b) of the Hawai'i Revised Statutes ("HRS").



In accordance with the Americans with Disabilities Act, as amended, and other applicable state and federal laws, if you require a reasonable 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](mailto:adarequest@courts.hawaii.gov) at least ten (10) working days prior to your hearing or appointment date.

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

2. The information concerns the above-named Petitioner:

Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_

\_\_\_\_\_

Current Address (if different from above): \_\_\_\_\_

\_\_\_\_\_

Relationship to Respondent: \_\_\_\_\_

Interest in the Appointment: \_\_\_\_\_

3. The following information concerns the above-named Respondent:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Principal Residence: \_\_\_\_\_

\_\_\_\_\_

Current Street Address and, if different, Address of Dwelling if appointment is made:

\_\_\_\_\_

\_\_\_\_\_

4. The following person is suitable to be appointed guardian of the Respondent:

Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_

\_\_\_\_\_

Current Address (if different from above): \_\_\_\_\_

\_\_\_\_\_

Relationship to Respondent: \_\_\_\_\_

The proposed guardian should be selected because: (state reason)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. The names and addresses of the individuals required by law, HRS § 560:5-340(b), to be notified of these proceedings are (*note if deceased or whereabouts unknown or "none"*):

a. Spouse or Reciprocal Beneficiary or if there is no spouse or reciprocal beneficiary, Adult with whom Respondent has resided for more than six months before the filing of this Petition:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

b. Adult Child(ren):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

or

(1) Mother:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

(2) Father:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

(3) Adult Siblings:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

(4) If there is no adult child or adult sibling, the adult(s) nearest in kinship to the Respondent:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

6 . The person(s) responsible for care or custody of the Respondent:

Care home  Hospital  Long term care facility  \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Respondent lives alone.

7. The person(s) serving as Respondent's legal representative(s): *(Also include title of legal representative - including attorney, representative payee, guardian, conservator, trustee or custodian of a trust or custodianship of which Respondent is a beneficiary, and agent designated under a power of attorney, whether for health care or property.)*

a. Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

b. Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

If the person(s) has/have been appointed conservator or guardian of the property, provide the case name and number:

Case Number: \_\_\_\_\_

Case Name: \_\_\_\_\_

\_\_\_\_\_

8. The person(s) nominated by the Respondent to serve as guardian:

(a) Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

(b) Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

9. The person(s) appointed by the Respondent as an agent under any medical directive, or health care power of attorney:

(a) Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

(b) Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

10. In absence of an agent appointed by the Respondent under a medical directive or health care power of attorney, the person designated as a surrogate authorized to make a health care decision for Respondent under the Hawai'i Uniform Health-Care Decisions Act is:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Relationship to Respondent: \_\_\_\_\_

11. The following interested person(s) has/have filed with the Circuit Court of the First Circuit, pursuant to HRS § 560:5-116, a request for notice before entry of any order in a guardianship or protective proceeding relative to the above-named Respondent:

a. Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Relationship to Respondent: \_\_\_\_\_

b. Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Relationship to Respondent: \_\_\_\_\_

c. Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Relationship to Respondent: \_\_\_\_\_

d. Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Relationship to Respondent: \_\_\_\_\_

e. Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Relationship to Respondent: \_\_\_\_\_

12. Petitioner has made inquiry of all reasonable sources as to the names and addresses of person(s) in paragraphs 5 through 11, where applicable, and has not been able to obtain information other than as alleged in said paragraphs.

13. Such appointment is necessary because the Respondent is unable to receive and evaluate information or make or communicate decisions to such an extent that he/she lacks the ability to meet essential requirements for physical health, safety, or self-care, even with appropriate and reasonably available technological assistance because:  
(Briefly describe the nature and extent of Respondent's alleged incapacity.)

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This is based on the \_\_\_\_\_ (and list other supporting documents, if any) attached to the List of Exhibits, which is being submitted separately.

14. An  unlimited  limited guardianship is requested because:  
(Explain why a limited guardianship is inappropriate or if a limited guardianship is requested, state powers to be granted to the limited guardian.)

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15. The following information concerns the Respondent's property:  
a. General statement of Respondent's property:

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b. Estimated value (including insurance or pension):

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c. Source and amount of other anticipated income or receipts **(do not include social security numbers, bank account numbers, etc.):**

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16. The Respondent  is  is not represented by an attorney.

17.  The Respondent is expected to attend the hearing.

The Respondent is not expected to attend the hearing and

The Petitioner respectfully requests the Respondent's attendance be excused pursuant to HRS § 560:5-308(a) because:

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18. The Petitioner further requests the appointment of a Guardian ad Litem for the Respondent and/or of a Kōkua Kānāwai, if deemed necessary by the Court, pursuant to HRS §§ 560:5-115 and 5-305(a). The duties and reporting requirements of the Kōkua Kānāwai should be:

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WHEREFORE, Petitioner requests that:

1. A time and place be set for hearing on the issue of incapacity hereof, and that due notice of the foregoing matter and of the time and place of hearing on this petition be given to all required persons.

2. The Court  excuse the Respondent’s attendance pursuant to HRS sec. 560:5-308(a) and appoint a Guardian ad Litem for the Respondent and/or a Kōkua Kānāwai, if deemed necessary by the Court, pursuant to HRS sec. 560:5-115 and 5-305(a).

3. The Court make the following findings:

(a) that this Court has jurisdiction in this matter;

(b) that \_\_\_\_\_  
(Full Legal Name of Respondent)

is an Incapacitated Person as defined in HRS sec. 560:5-102;

(c) that the appointment of a  limited  unlimited guardianship is necessary in order to provide continuing care and supervision of said Incapacitated Person;

(d) that \_\_\_\_\_,  
(Name of Proposed Guardian)

named in paragraph 4 above, is a fit and proper person to serve as guardian.

4. \_\_\_\_\_ be appointed guardian of the  
(Name of Proposed Guardian)

above-named Incapacitated Person, to continue in office until such guardianship is terminated by order of this Court or by operation of law.

5. The guardian of the person of the above-named Incapacitated Person shall serve without bond and without compensation.

PETITIONER DECLARES UNDER PENALTY OF PERJURY THAT PETITIONER HAS READ THIS PETITION FOR GUARDIANSHIP AND KNOWS AND UNDERSTANDS THE CONTENTS HEREOF; AND THAT THE STATEMENTS MADE HEREIN ARE TRUE TO THE BEST OF PETITIONER'S OWN KNOWLEDGE AND INFORMATION EXCEPT AS STATED TO BE BASED UPON INFORMATION AND BELIEF.

DATED: Kapolei, Hawai'i, \_\_\_\_\_.

\_\_\_\_\_  
Signature of Petitioner

IN THE FAMILY COURT OF THE FIRST CIRCUIT

STATE OF HAWAI'I

In the Matter of the Guardianship of ) FC-G No. \_\_\_\_\_  
 )  
 ) NOTICE OF HEARING  
 )  
 )  
 \_\_\_\_\_ )  
 (Full Legal Name) )  
 An Incapacitated Person. )  
 \_\_\_\_\_ )

NOTICE OF HEARING

STATE OF HAWAI'I

TO: (List names and addresses of all parties in paragraphs 3 through 11 of the Petition.)

Name and Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The Petition for appointment of a guardian of the person of the above-named person will be heard in the **Family Court** on the **Third Floor of the Ronald T.Y. Moon Kapolei Courthouse, 4675 Kapolei Parkway, Kapolei, Hawai'i**, on \_\_\_\_\_ at \_\_\_\_\_.

If you fail to appear at the hearing or to file a written answer with the Office of the Chief Court Administrator of the First Circuit Court, c/o Legal Documents Branch whose location and mailing address is: Ronald T.Y. Moon Kapolei Courthouse, 4675 Kapolei Parkway, Kapolei, Hawai'i, 96707 or Ka'ahumanu Hale, 777 Punchbowl Street, Honolulu, Hawai'i, 96813, before the date of the hearing, further action may be taken in this case without further notice to you.

**NOTICE TO THE RESPONDENT**

**The outcome of this proceeding may limit or completely take away your right to make decisions about your personal affairs or financial affairs or both. You must appear in person unless excused by the Court.**

**You have the right to be represented by an attorney of your choice at your expense and the right to request a court-appointed attorney.**

**At the hearing, you may:**

- ▶ **request a professional evaluation**
- ▶ **present evidence, subpoena witnesses and documents;**
- ▶ **question all witnesses and experts and otherwise participate in the hearing.**

**You may ask that the hearing be conducted in a manner that reasonably accommodates you. You may ask that the hearing be closed to the public.**

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This Notice of Hearing shall not be personally delivered between 10:00 p.m. and 6:00 a.m. on premises not open to the public, unless a judge permits, in writing, on the Notice of Hearing, personal delivery during those hours.

Failure to obey the Notice of Hearing may result in an entry of a default and default judgment against the person noticed.

DATED: Kapolei, Hawai'i, \_\_\_\_\_.

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Clerk of the Above-Entitled Court