_____
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 _____, (Full Legal Name) An Incapacitated Person. _____	)))))))	FC-G No. _____ WAIVER OF NOTICE AND CONSENT TO GUARDIANSHIP

WAIVER OF NOTICE AND CONSENT TO GUARDIANSHIP

I acknowledge receipt of a filed copy of the Petition requesting the appointment of _____, as guardian of the above-named Incapacitated Person and the Notice of Hearing in this action.

I consent to the guardianship, appointment of the proposed guardian, and waive the requirement that I receive notice of the hearing at least fourteen days before the hearing on the Petition. Also,

☐ I do not want to be notified of any further hearings and understand that the Court may grant the petition without further notice to me.

☐ I want to be notified of all future hearings, but do not require that I be given at least fourteen days advance notice.

DATED: Kapolei, Hawai'i, _____.

_____
Signature

*This document may be signed by the person or his/her attorney.

Print *Name: _____

Address: _____

_____

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 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.*

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