

\_\_\_\_\_  
Name of Guardian

\_\_\_\_\_  
Address

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

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

IN THE FAMILY COURT OF THE FIRST CIRCUIT

STATE OF HAWAII

In the Matter of the Guardianship of \_\_\_\_\_ ) FC-G No. \_\_\_\_\_  
 )  
 )  
 ) INITIAL REPORT OF THE GUARDIAN  
 ) OF AN INCAPACITATED PERSON;  
 ) NOTICE OF THE FILING OF INITIAL  
\_\_\_\_\_, ) REPORT  
 (Full Legal Name) )  
 An Incapacitated Person. )  
\_\_\_\_\_ )

INITIAL REPORT OF THE GUARDIAN OF AN INCAPACITATED PERSON

Age of Incapacitated Person (Ward): \_\_\_\_\_

**1. INFORMATION ON GUARDIAN(S)**

a. \_\_\_\_\_  
Guardian's Name Date Appointed  
\_\_\_\_\_  
Residence Address, City, State, Zip Code  
\_\_\_\_\_  
Mailing Address, City, State, Zip Code  
\_\_\_\_\_  
Home Phone No. Business Phone No.

 In accordance with the Americans with Disabilities Act, as amended, and other applicable state and federal laws, if you require 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.*

b. \_\_\_\_\_  
Guardian's Name Date Appointed

\_\_\_\_\_  
Residence Address, City, State, Zip Code

\_\_\_\_\_  
Mailing Address, City, State, Zip Code

\_\_\_\_\_  
Home Phone No. Business Phone No.

**2. RESIDENTIAL ARRANGEMENTS** (if Ward is living with other than Guardian)

\_\_\_\_\_  
Ward's Residence Address, City, State, Zip Code Phone No.

\_\_\_\_\_  
Caregiver's Name Phone No.

**3. PRESENT CONDITION OF THE WARD** (please describe the present condition of the Ward)

**4. FINANCIAL SITUATION**

A. Was a Conservator (other than yourself) appointed by the First Circuit Court, State of Hawai'i, to manage Ward's financial affairs?  Yes  No

\_\_\_\_\_  
Name of Conservator Phone No. FC Case No.

- B. Monthly income (incoming income received from Social Security, Pensions, retirement, etc. Do not include account numbers or social security numbers.)

| Source | Amount | Payee |
|--------|--------|-------|
|--------|--------|-------|

- C. List assets (checking, savings, etc. - **Do not include account numbers or social security numbers**), presently in the Guardian's possession or subject to the Guardian's control, as of thirty days after the guardianship appointment: Provide balance and date:

**THE UNDERSIGNED SOLEMNLY AND SINCERELY DECLARES, UNDER PENALTY OF PERJURY, THAT THE STATEMENTS MADE HEREIN ARE COMPLETE, TRUE AND TO THE BEST OF HIS/HER KNOWLEDGE, INFORMATION AND BELIEF.**

|  |
|--|
| FOR OFFICIAL USE   |
| <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Date Reviewed        |
| <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Family Court Officer |

|                      |      |
|----------------------|------|
| Guardian's Signature | Date |
|----------------------|------|

|                      |      |
|----------------------|------|
| Guardian's Signature | Date |
|----------------------|------|

Return completed form to: Attention: Helen Rauer  
 Office of the Chief Court Administrator  
 Ronald T.Y. Moon Kapolei Courthouse  
 4675 Kapolei Parkway  
 Kapolei, Hawai'i 96707

IN THE FAMILY COURT OF THE FIRST CIRCUIT

STATE OF HAWAI'I

In the Matter of the Guardianship of ) FC-G No. \_\_\_\_\_  
 )  
 ) NOTICE OF THE FILING OF INITIAL  
 ) REPORT  
 )  
\_\_\_\_\_, )  
 (Full Legal Name) )  
 An Incapacitated Person. )  
\_\_\_\_\_ )

NOTICE OF FILING OF INITIAL REPORT

STATE OF HAWAI'I

TO:

Name and Address:

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

Notice is hereby given that \_\_\_\_\_ has submitted the attached Initial Report to the Family Court of the First Circuit and that copies will be forwarded to the above-named person(s) no later than fourteen (14) days after the date noted below.

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

\_\_\_\_\_  
Signature of Guardian

**SAMPLE - Instruction Sheet for Completing the Notice of Filing of Initial Report**

IN THE FAMILY COURT OF THE FIRST CIRCUIT

STATE OF HAWAI'I

In the Matter of the Guardianship of \_\_\_\_\_ ) FC-G No. 12-1-1234  
 )  
 )  
 ) NOTICE OF FILING OF INITIAL REPORT  
 )  
 \_\_\_\_\_ )  
 (Full Legal Name) )  
 )  
 An Incapacitated Person. )  
 \_\_\_\_\_ )

NOTICE OF FILING OF INITIAL REPORT

STATE OF HAWAI'I

TO:

Name and Address:

John A. Doe  
1234 Silver Street  
Honolulu, Hawai'i 96800

← Sample name and address of Ward

Name and Address:

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

← ← If your Order Appointing Guardian ordered you to give copies of the initial report and notice to other people, list their names and addresses here.

Notice is hereby given that \_\_\_\_\_ (Name of Guardian) \_\_\_\_\_ has submitted the attached Initial Report to the Family Court of the First Circuit and that copies will be forwarded to the above-named person(s) no later than fourteen (14) days after the date noted below.

DATED: Kapolei, Hawai'i, (date that Guardian mails this report to Family) .

\_\_\_\_\_  
(Guardian signs here)  
Signature of Guardian