

(Name)
(Address)
(City, State, Zip code)
(Telephone #)

Petitioner Pro Se

MEMORANDUM
to Family Support Branch

Department of the Attorney General
Family Support Branch
35 Lunalilo Street Suite 203
Wailuku, Hawaii 96793
Fax: (808) 243-5161

FC-P No. _____ (case # from Petition)

I served the other parent (and/or caretaker)

(name(s) of person(s) served) with the Petition for Paternity, filed _____, 20__, (date
Petition was filed) on _____, 20__, (date of service).

The hearing in this case is set for _____, 20__ at _____ .m. (date & time of
hearing).

DATED: _____, Hawaii, _____

(Your signature)

(Printed Name)