

STATE OF HAWAII FAMILY COURT FIRST CIRCUIT	ANSWER TO COMPLAINT FOR DIVORCE	CASE NUMBER FC-D No. _____
--	---	-------------------------------


<p style="text-align: center;">_____ (Your Full Name) PLAINTIFF v. _____ (Your Spouse's Full Name) DEFENDANT</p>	This document is prepared by: <input type="checkbox"/> Attorney for <input type="checkbox"/> Defendant <hr/> Name <hr/> Address <hr/> City, State, Zip Code <hr/> Telephone Numbers
--	---

I, the above-named Defendant, have received a filed copy of the *Complaint for Divorce; Automatic Restraining Order; and Summons to Answer the Complaint*. I have read the allegations that Plaintiff has made in the Complaint and in response to said allegations, I state the following:

1. I **agree** with paragraph(s) #: _____ of the Complaint for Divorce.
2. I **disagree** with paragraph(s) #: _____ of the Complaint for Divorce.
3. I request the following relief:

4. I deny anything stated in the *Complaint for Divorce* that I have not specifically admitted or denied.

DATE	SIGNATURE OF <input type="checkbox"/> ATTORNEY FOR <input type="checkbox"/> DEFENDANT
------	---

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

COURT USE ONLY