STATE OF HAWAI'I FAMILY COURT FIRST CIRCUIT	ANSWER TO COMPLAINT FOR CIVIL UNION DIVORCE	CASE NUMBER FC-CU No. _____

(Your Full Name) PLAINTIFF

v.

(Your Partner's Full Name) DEFENDANT

This document is prepared by: ☐ Attorney for ☐ Defendant

Name

Address

City, State, Zip Code

Telephone Numbers

I, the above-named Defendant, have received a filed copy of the Complaint for Divorce 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 ☐ ATTORNEY FOR ☐ 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.*

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