

**IN THE FAMILY COURT OF THE SECOND CIRCUIT  
STATE OF HAWAII**

	)	FC-____ NO. _____
	)	
Plaintiff/Petitioner,	)	<b>SUBPOENA;</b>
	)	<b>PROOF OF SERVICE</b>
vs.	)	
	)	
	)	
	)	
Defendant/Respondent.	)	

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**THE STATE OF HAWAII**

**TO:** \_\_\_\_\_

YOU ARE COMMANDED to appear in the Family Court of this circuit at the date, time and place indicated below to testify on behalf of:

\_\_\_\_\_

[ ] You are further ordered to bring with you the items listed in the comments section

COMMENTS:

**DATE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_

**PLACE:** **FAMILY COURT, SECOND CIRCUIT**  
**Hoapili Hale, Courtroom** \_\_\_\_\_  
**2145 Main Street, Third Floor**  
**Wailuku, Hawai`i**

**REPORT TO:** \_\_\_\_\_

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CLERK OF THE COURT

### **PROOF OF SERVICE**

**SERVICE WAS MADE:**

DATE: \_\_\_\_\_

TIME: \_\_\_\_\_

PLACE: \_\_\_\_\_

\_\_\_\_\_

<b>DATE</b>	<b>PRINTED NAME OF SERVING OFFICER</b>	<b>SIGNATURE OF SERVING OFFICER</b>

**Americans with Disabilities Act Notice**



If you need an accommodation for a disability when participating in a court program, service, or activity, please contact the ADA Coordinator as soon as possible to allow the court time to provide an accommodation: Call (808) 244-2855 FAX (808) 244-2932 OR Send an e-mail to: [adarequest@courts.hawaii.gov](mailto:adarequest@courts.hawaii.gov). The court will try to provide, but cannot guarantee, your requested auxiliary aid, service or accommodation.