
Name (Attorney No.)

Address

City, State, Zip Code

Telephone No.

Attorney for
 Petitioner Respondent Interested Party

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

IN THE MATTER OF _____) FC-M NO. _____
)
) STATEMENT OF MAILING;
) EXHIBITS "1" and "2"
)
 Respondent.)
)
 Birthdate: _____ Male Female)
)
 a Minor.)
 _____)

STATEMENT OF MAILING

I REPRESENT THAT I caused one (1) certified file-stamped copy of the:

- Petition for Assisted Community Treatment
- Notice of Intent to Discharge Respondent from Assisted Community Treatment
- Petition for Additional Period of Assisted Community Treatment
- _____

to be mailed by certified or registered mail, return receipt requested, deliverable to the addressee only, to:

Name of Person Mail is Addressed to

Address

City, State, Zip Code

At the time of mailing, the receipt attached hereto as Exhibit "1" was postmarked and dated. Thereafter, the return receipt attached hereto as Exhibit "2" was received.

DATE: _____

Signature of Attorney for Petitioner Respondent Interested Party

EXHIBIT "1"

EXHIBIT "2"