

STATE OF HAWAII FAMILY COURT FIRST CIRCUIT	<b>APPEARANCE AND WAIVER</b>	CASE NUMBER FC-D No. _____
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<p style="text-align: center;">(Full Name)                      PLAINTIFF</p> <p style="text-align: center;">v.</p> <p style="text-align: center;">(Full Name)                      DEFENDANT</p>	<p>This document is prepared by:  <input type="checkbox"/> Defendant    <input type="checkbox"/> Defendant's Attorney</p> <hr/> <p>Name</p> <hr/> <p>Address</p> <hr/> <p>City, State, Zip Code</p> <hr/> <p>Telephone Number</p>
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I, the Defendant, acknowledge receipt of a filed copy of the *Complaint for Divorce; Automatic Restraining Order; and Summons to Answer Complaint* in the above-entitled action, submit myself to the Court's jurisdiction, and have agreed with the Plaintiff on matters set forth in:

a signed *Agreement Incident to Divorce*.  
 a form of *Decree* which I have approved by signature.

I consent to a hearing of the *Complaint* by a judge at any time without further notice and without my presence so long as the *Divorce Decree* issued incorporates the provisions I have approved. If such *Decree* is not entered by the Court, I request to be notified.

I understand that I am not required to sign this paper and that by doing so I am permitting the Court, without opposition from me, to proceed with the above-entitled matter at this time unless there is reason for the Court to alter our agreement.

I am not in the military service of the United States.  
 I am in the military service of the United States, but I do not request a stay of proceedings herein, and I do waive any rights I may have under the Servicemembers Civil Relief Act, 50 U.S.C. App. §§ 501-597b (2003).

COURT USE ONLY

DATE

DEFENDANT'S SIGNATURE



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 Court, Family Court office by telephone at 954-8200, fax 954-8308, or via email at [adarequest@courts.hawaii.gov](mailto:adarequest@courts.hawaii.gov) at least ten (10) 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.*