

STATE OF HAWAII FAMILY COURT FIRST CIRCUIT	STATEMENT OF MAILING EXHIBITS "1" AND "2" (Re: Income Withholding Order/Notice of Support)	CASE NUMBER FC-D No.
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	This document is prepared by <input type="checkbox"/> Attorney for <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant
	Name _____
(Full Name) _____ PLAINTIFF v.	Address _____
	City, State, Zip Code _____
(Full Name) _____ DEFENDANT	Telephone No. _____

STATEMENT OF MAILING

I REPRESENT THAT I caused one certified copy of the *Income Withholding Order/Notice of Support* to be mailed by certified or registered mail, return receipt requested to:

_____ Child Support Payor's Employer's Name

_____ Employer's 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 as Exhibit "2" was received.

DATE	<input type="checkbox"/> PLAINTIFF'S <input type="checkbox"/> DEFENDANT'S SIGNATURE	
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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) days prior to your hearing or appointment date.

Please call the Family Court Service Center at **(808)954-8290** if you have any questions regarding forms or procedures.

COURT USE ONLY

EXHIBIT “1”

EXHIBIT “2”