

Plaintiff/Petitioner, Pro Se Defendant/Respondent, Pro Se
 Attorney for Plaintiff/Petitioner Defendant/Respondent

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

Plaintiff/Petitioner,
vs.

Defendant/Respondent.)

) FC-____ NO. _____
)
) **MOTION AND AFFIDAVIT FOR POST-
DECREE RELIEF; SCHEDULING ORDER
FOR POST-DECREE RELIEF**
)
) ATTACHMENTS:
) Income and Expense Statement
) Asset and Debt Statement
) Child Support Guidelines Worksheet
) Custody/Visitation Statement
) Proposed Parenting Plan
) _____

**MOTION AND AFFIDAVIT FOR POST-DECREE RELIEF
SCHEDULING ORDER FOR POST-DECREE RELIEF**

I am the Plaintiff/Petitioner Defendant/Respondent in this case. I am referred to as the **Movant** in this motion. The other party is referred to as the **Respondent** in this motion.

Pursuant to the Hawai'i Family Court Rule 10, I seek the following relief:

A. MODIFICATION

1. Legal custody, physical custody and/or visitation should be changed as follows:

A change in custody and/or visitation as requested is appropriate because the circumstances of the subject child(ren) have changed since the last custody order as follows:

2. Alimony should be modified as follows:

A change in alimony as requested is appropriate because the circumstances of the parties have changed materially since the last alimony order as follows:

3. Child support should be modified as follows:

A change in child support as requested is appropriate because the circumstances of the parties and/or the subject child(ren) have changed since the last child support order as follows:

4. Other modification of the prior orders herein is sought as follows:

NOTE: If modification of custody and/or visitation is requested, a completed Custody/Visitation Statement must be attached. If modification of custody, alimony or child support is requested, the Movant's Income and Expense and Asset and Debt Statement **must** be attached.

B. ENFORCEMENT

1. The Respondent has failed to pay child support as required by the order(s) and/or decree filed _____. The arrearages to date total \$_____.

2. The Respondent has failed to pay alimony as required by the order(s) and/or decree filed _____. The arrearages to date total \$_____.

3. The Respondent has failed to make other payments as required by the order(s) and/or decree filed _____ as follows:

4. The Respondent has otherwise not complied with the order(s) and/or decree filed _____ as follows: _____

5. The enforcement relief I seek is as follows: (NOTE: For remedies (c) through (h) below you must (1) be familiar with the statute or rule which permits such relief, (2) have complied with the statutes or rules including service of appropriate notices and summons, and (3) prepare any specialized order necessary if the relief requested is granted.)

a. A determination of support arrearages.

b. The entry of a judgment against the Respondent for arrearages and interest thereon at the statutory rate accruing as of the due date of each past due payment.

c. An order requiring the Respondent to submit to an examination of judgment debtor under oath.

d. An order requiring those third parties who have knowledge about the Respondent's finances to submit to an examination under oath.

e. An order sequestering, garnishing, attaching, executing on, and/or creating security in, specific property of the Respondent.

f. An order assigning and garnishing the Respondent's income.

g. An order finding the Respondent to be in civil contempt.

[] h. Other:

C. OTHER RELIEF SOUGHT

- [] 1. An order directing the Respondent to reimburse me for all of the legal expenses I have incurred.
- [] 2. An order requiring mediation on the issues raised in this motion.
- [] 3. An order for a social study on the custody and/or visitation issues raised in this motion.
- [] 4. Other:

I hereby declare under penalty of perjury that the information in this motion and all of the attachments to it is true, correct and complete to the best of my knowledge and belief.

Date

Signature of Movant

Printed Name of Movant

Date

Signature of Movant's Attorney

Printed Name of Movant's Attorney

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. The court will try to provide, but cannot guarantee, your requested auxiliary aid, service or accommodation