

STATE OF HAWAI'I FAMILY COURT FIRST CIRCUIT	DECLARATION OF INTENT TO SERVE BY MAIL	CASE NUMBER FC-P No.
<input type="checkbox"/> CHILD SUPPORT ENFORCEMENT AGENCY, <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> CARETAKER <div style="text-align:right;">PETITIONER(S),</div> <div style="text-align:center;">v.</div> <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> CARETAKER <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> CARETAKER <input type="checkbox"/> and CHILD SUPPORT ENFORCEMENT AGENCY, STATE OF HAWAI'I, <div style="text-align:right;">DEFENDANT(S).</div>	This document was prepared by: <input type="checkbox"/> Petitioner <input type="checkbox"/> Defendant _____ <input type="checkbox"/> Attorney for <input type="checkbox"/> Petitioner <input type="checkbox"/> Defendant Name _____ Address _____ City _____ State _____ Zip Code _____ Telephone Number _____	
<u>DECLARATION OF INTENT TO SERVE BY MAIL</u>		
<p>I am the <input type="checkbox"/> PETITIONER <input type="checkbox"/> DEFENDANT in this action and I intend to serve the below named party by certified mail, return receipt requested, restricted delivery with the following documents:</p> <input type="checkbox"/> Petition for Paternity or For Custody, Visitation, & Support Orders After Voluntary Establishment of Paternity <input type="checkbox"/> Summons <input type="checkbox"/> Motion After Judgment or Order and Declaration; Hearing Scheduling Order <input type="checkbox"/> Amended Order for Hearing on Motion <input type="checkbox"/> Attachments: <input type="checkbox"/> Attachment for Information on Additional Child(ren) <input type="checkbox"/> Birth Certificate(s) of Child(ren) <input type="checkbox"/> Paternity Financial Information Sheet <input type="checkbox"/> Child Support Guidelines Worksheet <input type="checkbox"/> Hawai'i Paternity Action Information <input type="checkbox"/> Last Three (3) Pay Stubs <input type="checkbox"/> Proposed Parenting Plan <input type="checkbox"/> Other: _____ <input type="checkbox"/> _____		
<p>To my best information and belief, the below named party resides outside of the First Circuit (Island of O'ahu), State of Hawai'i and receives mail at the following address:</p> Name of Person to be Served: _____ Address: _____ _____ City, State, Zip Code: _____		
<p>I do declare under the penalty of law that the foregoing is true and correct.</p>		
DATE	SIGNATURE	COURT USE ONLY
	PRINT NAME:	

In accordance with the Americans with Disabilities Act and other applicable state and federal laws, if you require a reasonable 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) working 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.