

STATE OF HAWAI'I FAMILY COURT FIRST CIRCUIT	STATEMENT OF MAILING EXHIBITS 1 and 2	CASE NUMBER FC-P No.
<input type="checkbox"/> CHILD SUPPORT ENFORCEMENT AGENCY, STATE OF HAWAI'I, <hr/> <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> CARETAKER <div style="text-align:right;">PETITIONER,</div> <div style="text-align:center;">v.</div> <hr/> <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 _____	
<p>I represent that I mailed one <u>certified</u> copy of each of the following documents:</p> <input type="checkbox"/> PETITION FOR PATERNITY or FOR CUSTODY, VISITATION, and SUPPORT ORDERS AFTER VOLUNTARY ESTABLISHMENT OF PATERNITY and ATTACHMENTS; SUMMONS <input type="checkbox"/> MOTION FOR RELIEF AFTER JUDGMENT OR ORDER AND DECLARATION and ATTACHMENTS <input type="checkbox"/> AMENDED HEARING SCHEDULING ORDER <input type="checkbox"/> ORDER SETTING HEARING OR TRIAL <input type="checkbox"/> INCOME WITHHOLDING ORDER/ NOTICE OF SUPPORT <input type="checkbox"/> OTHER: _____ <p>by certified or registered mail, return receipt requested, <input type="checkbox"/> restricted delivery to addressee as follows:</p> <p>NAME: _____</p> <p>ADDRESS: _____</p> <p>CITY, STATE, ZIP CODE: _____</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>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.</p> </div>		
DATE	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 Office at the First Circuit Family Court office by telephone at 954-8200, fax 954-8212, or via email at adarequest@courts.hawaii.gov at least ten (10) working days prior to your hearing or appointment date.

EXHIBIT 1

EXHIBIT 2