Name

Address

City, State, Zip Code

Telephone Number

] Plaintiff/Petitioner Pro Se] Defendant/Respondent Pro Se] Attorney for a strong of the	or Plaintiff/Petitioner or Defendant/Respondent
] Other:	j	

IN THE FAMILY COURT OF THE FIRST CIRCUIT

STATE OF HAWAI'I

) FCNo) EX PARTE MOTION AND DECLARATION) TO[]ADVANCE[]EXPEDITE HEARING) AND ORDER))						
EX PARTE MOTION AND DECLARATION TO[]ADVANCE[]EXPEDITE HEARING						

Section 508 Certified

I declare, under penalty of perjury, that the foregoing is true and correct.

DATED:	,	Hawaiʻi,	
_	(City)	, <u> </u>	(Date)

(Movant's signature)

<u>ORDER</u>

- [] This Ex Parte Motion is DENIED.
- [] This Ex Parte Motion is APPROVED AND SO ORDERED.

 - ()

Dated: Kapolei, Hawai'i: _____.

Judge of the Above-Entitled Court

PRINT NAME:

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 **954-8290** if you have any questions about forms or procedures.