

STATE OF HAWAI'I FAMILY COURT FIRST CIRCUIT	AMENDED ORDER FOR HEARING ON MOTION	CASE NUMBER FC-CU No.
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_____ PLAINTIFF, VS. _____ DEFENDANT.	<input type="checkbox"/> Movant <input type="checkbox"/> Attorney for Movant _____ Name _____ Address _____ City, State, Zip Code _____ Telephone No.
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IT IS HEREBY ORDERED as follows

- [] 1. Both parties shall appear at the Family Court of the First Circuit, located at the **Ronald T.Y. Moon Kapolei Courthouse, 4675 Kapolei Parkway**, Kapolei, Hawai'i, for a hearing on Movant's motion filed _____ ("Movant's motion") on _____ HEARING DATE at _____ a.m. / p.m.
- [] 2. This *Amended Order for Hearing on Motion*, together with Movant's motion and all attachments thereto, must be served on the Respondent by no later than noon on the Friday of the first week following the week in which this *Amended Order for Hearing on Motion* is filed. If service is made other than by personal service, service on the Respondent shall be made no later than twenty (20) calendar days (including weekends, and holidays) prior to the hearing. If service is not timely made the Movant shall appear before the Family Court on the date and time set forth above and state the reasons why. A new hearing date shall then be set by the Family Court.
- [] 3. Any written response to be presented by the Respondent in response to Movant's motion must be filed and served on the Movant no later than noon on the Friday prior to the hearing on this motion.
- [] 4. By no later than noon on the Friday prior to the hearing, the Respondent shall (a) provide the Movant with a copy of his or her two (2) most recent pay statements, last W-2 statement, and last federal and state individual income tax returns and (b) file with the Court and provide to the Movant current *Income and Expense and Asset and Debt Statements*.

DATE	CLERK / JUDGE OF THE ABOVE ENTITLED COURT
	PRINT CLERK'S / JUDGE'S 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 Office of the Chief Administrator at PHONE NO. 954-8200, FAX 954-8212, or TTY 539-4853 at least ten (10) working days prior to your hearing or appointment date.

Please call Ho'okele, Family Court's Help Desk, at 954-8290 if you have any questions about how to fill out this form.