| STATE OF HAWAI'I<br>FAMILY COURT OF THE<br>FIRST CIRCUIT                                 |  |                |
|--|--|----------------|
| This document is prepared by  [ ] Self-Represented □ Pet  [ ] Attorney for □ Petitioner/ |  |                |
| Name (and if applicable, Attor   |  |                |
| Address  |  |                |
| City, State, Zip Code  |  |                |
| Telephone Number   |  |                |
| E-Mail Address   |  |                |
| CASE NAME  |  | CASE ID/NUMBER |
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| TITLE OF DOCUMENT  |  |                |
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| STATE OF HAWAI'I   |                                   | PROOF OF SERVICE |          |   |                               | CASE NUMBER |       |  |  |  |
|--|-----------------------------------|------------------|----------|---|-------------------------------|-------------|-------|--|--|--|
| FAMILY COURT<br>FIRST CIRCUIT  |                                   |                  |          |   |                               | FC-CU No.   |       |  |  |  |
|  |                                   |                  |          |   | This document is prepared by: |             |       |  |  |  |
|  |                                   |                  |          | ☐ Plaintiff ☐ Defendant ☐ Atty for Plaintiff ☐ Atty for Defendant |                               |             |       |  |  |  |
|  | PLAINTIFF,                        |                  | Name     |   |                               |             |       |  |  |  |
| VS.  |                                   |                  |          | Addres  | ss                            |             |       |  |  |  |
|  |                                   |                  |          |   |                               |             |       |  |  |  |
|  |                                   |                  | FENDANT. | City, State, Zip  |                               |             |       |  |  |  |
|  |                                   | Telepone Number  |          |   |                               |             |       |  |  |  |
| I served a certified copy of each document identified below by delivering to the following person(s):                      |                                   |                  |          |   |                               |             |       |  |  |  |
| PERSON(S) SE   | RSON(S) SERVED DA                 |                  |          |   | TIME                          |             | PLACE |  |  |  |
|  |                                   |                  |          |   |                               |             |       |  |  |  |
|  |                                   |                  |          |   |                               |             |       |  |  |  |
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|  |                                   |                  |          |   |                               |             |       |  |  |  |
| DOCUMENTS SERVED   |                                   |                  |          |   |                               |             |       |  |  |  |
| DOCUMENTS SERVED  Complaint  |                                   |                  |          |   |                               |             |       |  |  |  |
| ☐ Complaint ☐ Summons ☐ Notice to Attend Kids First  |                                   |                  |          |   |                               |             |       |  |  |  |
| ☐ Motion and Affidavit for Pre-Decree Relief and Attachments   |                                   |                  |          |   |                               |             |       |  |  |  |
| ☐ Motion and Affidavit for Post-Decree Relief and Attachments  |                                   |                  |          |   |                               |             |       |  |  |  |
|  |                                   |                  |          |   |                               |             |       |  |  |  |
| PLEASE EXPEDITE RETURN OF SERVICE TO FAMILY COURT  |                                   |                  |          |   |                               |             |       |  |  |  |
| DATE POLICE OFF  | POLICE OFFICER'S SIGNATURE        |                  |          | E   | BADGE ID NUMBER               |             |       |  |  |  |
|  |                                   |                  |          |   |                               |             |       |  |  |  |
| DATE OTHER SER   | OTHER SERVING OFFICER'S SIGNATURE |                  |          | 1   | NAME OF SERVING OFFICER       |             |       |  |  |  |
|  |                                   |                  |          |   |                               |             |       |  |  |  |
|  |                                   |                  |          |   |                               |             |       |  |  |  |
| UNSERVED DOCUMENTS: I certify that, despite due and diligent to locate the person to be served, and therefore the attached |                                   |                  |          |   |                               |             |       |  |  |  |
| documents are being returned as unserved.  |                                   |                  |          |   | COURT USE ONLY                |             |       |  |  |  |

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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 Court Administration Office at PHONE NO. 954-8200, FAX 954-8308, 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, if you have any questions about how to fill out this form.