STATE OF HAWAI'I FAMILY COURT FIRST CIRCUIT	**APPEARANCE AND WAIVER IN CIVIL UNION DIVORCE ACTION**	CASE NUMBER FC-CU No.

vs. PLAINTIFF (Your Full Name) DEFENDANT (Your Partner's Full Name)	This document is prepared by: ☐ Defendant ☐ Atty for Defendant Name Address City, State, Zip Phone

I, the Defendant, acknowledge receipt of a filed copy of the *Complaint for Civil Union Divorce* and *Summons* in the above-entitled action, submit myself to the Court's jurisdiction and have agreed with the Plaintiff on the matters set forth in:

☐ a signed agreement incident to civil union divorce.

☐ a form of the Civil Union Divorce Decree which I have approved by signature.

I consent to a hearing of the complaint by a judge at any time without further notice and without my presence so long as the *Civil Union Divorce Decree* issued incorporates the provisions I have approved. If such Decree is not entered by the Court, I request to be notified.

I understand that I am not required to sign this paper and that by doing so I am permitting the Court without opposition from me to proceed with the above-entitled matter at this time unless there is reason for the Court to alter our agreement.

☐ I am not in the military service of the United States.

☐ I am in the military service of the United States, but do not request a stay of proceedings herein, and I do waive any rights I may have under the Servicemembers Civil Relief Act (SSCRA), 50 U.S.C. Sec. 501, *et. seq.*

DATE	DEFENDANT'S SIGNATURE	FOR COURT USE ONLY

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, the Self-Help Desk, at 954-8290, if you have any questions about how to fill out this form.