STATE OF HAWAI'I FAMILY COURT FIRST CIRCUIT	**MOTION AND DECLARATION FOR PRE-DECREE RELIEF**	CASE NUMBER FC-CU No.

_____ PLAINTIFF,

v.

_____ DEFENDANT.

Name, address, and telephone number of:
[ ] Movant [ ] Attorney for Movant

ATTACHMENTS
[ ] Income and Expense Statement
[ ] Asset and Debt Statement
[ ] Child Support Guidelines Worksheet
[ ] Custody/Visitation Statement
[ ] Continuation Sheet
[ ] Proposed Parenting Plan
[ ] _____
[ ] Order for Pre-Decree Relief
[ ] **IMPORTANT:** This is a **Domestic Abuse Case**

I am the [ ] Plaintiff [ ] Defendant in this case. I am referred to as the Movant in this motion. My partner is referred to as Respondent in this motion. Pursuant to Hawai'i Family Court Rule 10, I seek the following relief:

[ ] 1. An order which awards the temporary legal custody, physical custody and visitation of the parties' child(ren) as follows: _____

_____

_____

_____

This arrangement is best for the parties' child(ren) because: _____

_____

_____

Note: If custody and visitation orders are requested, the attached Custody/Visitation Statement must be completed and the Movant's *Income and Expense* and *Asset and Debt Statements* must be attached.

[ ] 2. An order requiring the Respondent to pay monthly child support of $_____.
Note: If child support is requested, the Movant's *Income and Expense* and *Asset and Debt Statements* must be attached.

[ ] 3. An order requiring the Respondent to pay monthly alimony of $_____.
Note: If alimony is requested the Movant's *Income and Expense* and *Asset and Debt Statements* must be attached.

[ ] 4. An order requiring the Respondent to pay $_____ towards my legal expenses.
Note: If contribution to legal expenses is requested, the Movant's *Income and Expense* and *Asset and Debt Statements* must be attached.

COURT USE ONLY

RESET FORM

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.*

Section 508 Certified

[ ] 5. An order requiring the Respondent to make the following other payments:_____

_____

_____.

Note: If such an order is requested, the Movant's *Income and Expense* and *Asset and Debt Statements* must be attached.

[ ] 6. An order requiring mediation on the issue(s) raised by this motion.

[ ] 7. An order directing a social study by the Family Court regarding the custody and/or visitation issues raised by this motion.

[ ] 8. Financial Restraining Order: An order which requires each of the parties to timely provide to the other party full financial and property disclosure, and which enjoins and restrains each of the parties from transferring, encumbering, wasting, or otherwise disposing of any of the party's real or personal property, over and above current income, except as necessary for the ordinary course of a business or for usual current living expenses, without the consent of the other party, or further order of the court.

[ ] 9. Restraining Order Regarding Child(ren): An order which enjoins and restrains the Respondent from removing the parties' child(ren) from the City and County of Honolulu. Such a restraining order is necessary because:_____

_____.

[ ] 10. Domestic Abuse Restraining Order: An order which enjoins and restrains the Respondent from physically abusing, threatening, or harassing me and/or the parties' child(ren) because:

a. The Respondent has physically abused me in the past as follows (state nature and date of most recent incident of abuse):_____

_____

_____.

b. The Respondent has threatened to abuse me in the past as follows (state nature and date of most recent threat of abuse):_____

_____

_____.

[ ] 11. Presence of Firearms: The Respondent owns, intends to obtain or transfer ownership of, or possesses a firearm or ammunition and the firearm may be used to threaten, injure or abuse any person, as follows:

a. The Respondent [ ] owns [ ] possesses the following type(s) of firearm(s):_____

_____.

As of _____(date), the firearm(s) was/were located at (state address and specific location: _____.

b. I believe that the Respondent intends to obtain or transfer ownership of (a) firearm(s) because:

_____

_____

c. In the past the Respondent has [ ] used [ ] threatened to use (a) firearm(s) against me and/or the parties' child/ren as follows (state nature and date of the last such use and/or threatened use):

_____

_____.

d. I believe that the Respondent may in the future use a firearm to threaten, injure, and/or abuse me, the parties' child/ren and/or someone else because: _____

_____

_____.

[ ] 12. Respondent's name, address, date of birth, phone no., and last four digits of his/her Social Security No.:

Name: _____

Address: _____

Birthdate: _____ Telephone No.: _____ Soc. Sec. No.: xxx-xx-_____

[ ] 13. Other relief sought: _____

_____

_____.

In further support of this motion, I also affirm:

[ ] 14. I am not now, nor have I been in the past, a party to a legal proceeding other than this case involving the Respondent.

[ ] 15. My participation as a party in other legal proceedings involving the Respondent is/has been as follows:

CASE NAME: _____

Case number: _____ Location of Court: _____

Date filed: _____ Date concluded: _____

Type of case: _____

CASE NAME: _____

Case number: _____ Location of Court: _____

Date filed: _____ Date concluded: _____

Type of case: _____

I hereby declare under penalty of perjury that the information in this motion and all of the attachments to it are true, correct, and complete to the best of my knowledge, information, and belief.

Dated: _____, Hawai'i, _____.
(City) (Date)

_____
Movant's Signature

_____
Print Movant's Name