Name (and if appropriate, Attorney No.)				
Address				
City, State, Zip Code	<u> </u>			
Telephone No.	<u> </u>			
E-Mail Address [] Self-Represented □ Petitioner □ Respondent [] Attorney for □ Petitioner □ Respondent []				
IN THE FAMILY COURT				
STATE OF HAWAI'I				
IN THE MATTER OF)	FC-M No.			
)))	ORDER CONTINUING HEARING ON THE PETITION FOR ASSISTED COMMUNITY TREATMENT			
Respondent.)				
Birthdate:) [] Male [] Female [] Other)	Dunaidia e Indone			
[]a Minor.	Presiding Judge: Hearing Date:			
ORDER CONTINU THE PETITION FOR ASSISTE	ING HEARING ON			
Present:				
], Petitioner				
], Respondent				
[]	,			
l J	,			

[_			
[_			
_	. Responde		d not appear. Three calls were made for	
	. The followi	ng person(s) was/were d	uly served, but did not appear:	
			ot served:	
	The above	-entitled matter came on	for hearing on	
before the Honorable Upon ☐ finding Respondent does				
no	t have a gua	rdian and/or □finding of	good cause, the Court continues this proceeding	
		·	nt be appointed a guardian ad litem and the parties	
sh	all return for	further hearing to be held	d on: (Date and Time of Hearing)	
HR	S § 334-125(a)(3	3) as amended by Act 58 of the 20		
	. The Court	further orders that:		
	DATED:	Kapolei, Hawaiʻi,		
			JUDGE OF THE ABOVE-ENTITLED COURT	
C.	Petitioner	Other(s):		

Petitioner's attorney Respondent Guardian Ad Litem

Other(s).

If you need an accommodation for a disability when participating in a court program, service, or activity, please contact the ADA Coordinator as far in advance as possible to allow time to provide an accommodation: Call the ADA Coordinator of the First Circuit Family Court Office at 954-8200, fax 954-8308, or send an e-mail to adarequest@courts.hawaii.gov. The ADA Coordinator will work to provide, but cannot guarantee your requested auxiliary aid, service, or accommodation.

Please call the Family Court Service Center at 954-8290 if you have any questions about forms or procedures.