
Name (and if appropriate, Attorney No.)

Address

City, State, Zip Code

Telephone No.

E-Mail Address

[] Self-Represented [] Attorney for
[] Petitioner [] Respondent [] Interested Party

IN THE FAMILY COURT OF THE FIRST CIRCUIT

STATE OF HAWAII

IN THE MATTER OF) FC-M No. _____
)
) STATEMENT OF MAILING
)
)
)
) Respondent.
)
Birthdate: _____)
[] Male [] Female [] Other)
)
[] a Minor.)
_____)

STATEMENT OF MAILING

I REPRESENT THAT I cause one certified file-stamped copy of the:

- ☐ Petition for Assisted Community Treatment
☐ Notice of Intent to Discharge Respondent from Assisted Community Treatment
☐ Petition for Additional Period of Assisted Community Treatment
☐ _____

to be mailed by certified mail or registered mail, return receipt requested, deliverable to the

addressee only, to:

Name of Person Mail is Addressed to

Address

City, State, Zip Code

At the time of mailing, the receipt attached hereto as Exhibit "1" was postmarked and dated. Thereafter, the return receipt attached as Exhibit "2" was received.

DATED: _____,
(City) (State) (Date)

Signature of ☐ Self Represented ☐ Attorney for
☐ Petitioner ☐ Respondent ☐ Interested Party



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.

EXHIBIT “1”

EXHIBIT “2”