STATE OF HAWAI'I FAMILY COURT OF THE FIRST CIRCUIT		
This document is prepared by [] Self-Represented □ Pet [] Attorney for □ Petitioner/		
Name (and if applicable, Attor	ney No.)	
Address		
City, State, Zip Code		
Telephone Number		
E-Mail Address		
CASE NAME		CASE ID/NUMBER
CAGE NAIVIE		
TITLE OF DOCUMENT		

STATE OF HAWAI'I FAMILY COURT	NOTIC	E OF INTENT TO FI	LE A COMPLAIN	Т	CASE NUI	MBER
FIRST CIRCUIT	AGAINST A	A PRIVATE CHILD C	USTODY EVALU	ATOR	FC	No
1.						
-,		Name of F	Party/Complainant			
am the \Box Plaintif	ff/Petitioner	☐ Defendant/Respo	ondent in FC	No.		:
-	Case	Name (Plaintiff/Petitioner	vs. Defendant/Resp	ondent)		·
I am informing the	e Family Co	urt of my intent to file	a complaint agai	nst:		
	Name	of Private Child Custody E	valuator			who is a licensed
☐ Board Certi ☐ Psychologis	fied Psychia st nd Family Th		psychiatry			
and was appointe	ed to perforr	n a child custody eval	uation and report	in the	above-	entitled case. The
following is a sun	nmary of my	complaint:	·			

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 Juvenile Client & Family Court 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.

I declare under penalty of perjury under the laws of the State of Hawai'i that the foregoing is true

and correct.

Date

Signature of Party/Complainant