

STATE OF HAWAI'I FAMILY COURT FIRST CIRCUIT	NOTICE OF INTENT TO FILE A COMPLAINT AGAINST A PRIVATE CHILD CUSTODY EVALUATOR	CASE NUMBER FC- _____ No. _____
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I, _____
Name of Party/Complainant

am the Plaintiff/Petitioner Defendant/Respondent in FC-_____ No. _____:

Case Name (Plaintiff/Petitioner vs. Defendant/Respondent)

I am informing the Family Court of my intent to file a complaint against:

_____ who is a licensed
Name of Private Child Custody Evaluator

- Physician who has completed a residency in psychiatry
- Board Certified Psychiatrist
- Psychologist
- Marriage and Family Therapist
- Clinical Social Worker

and was appointed to perform a child custody evaluation and report in the above-entitled case. The following is a summary of my complaint:

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



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.

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