

\_\_\_\_\_  
Name (and if attorney, Attorney's Number)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Telephone Number

Attorney for     Petitioner

IN THE FAMILY COURT OF THE FIRST CIRCUIT

STATE OF HAWAI'I

In the Matter of the Guardianship of	)	FC-G No. _____
	)	
	)	NOTICE OF APPOINTMENT OF
	)	GUARDIAN AND NOTICE OF RIGHT
_____	)	TO REQUEST MODIFICATION OR
(Full Legal Name)	)	TERMINATION; CERTIFICATE OF
An Incapacitated Person.	)	SERVICE
_____	)	

NOTICE OF APPOINTMENT OF GUARDIAN AND  
NOTICE OF RIGHT TO REQUEST MODIFICATION OR TERMINATION

STATE OF HAWAI'I


TO: (List names and addresses of the Incapacitated Person and all parties in paragraphs 3-11 of the Petition.)

Name and Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

 In accordance with the Americans with Disabilities Act, as amended, and other applicable state and federal laws, if you require reasonable 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](mailto:adarequest@courts.hawaii.gov) 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.*

Name and Address:

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Name and Address:

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Name and Address:

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Name and Address:

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Name and Address:

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Name and Address:

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Name and Address:

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Name and Address:

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\_\_\_\_\_

Notice is hereby given that \_\_\_\_\_ has been  
(Name of Guardian)  
appointed by the Court to be the guardian\_\_\_\_\_.  
(Name of Incapacitated Person)

You have a right to request the termination or modification of the attached *Order Appointing Guardian with*  *Limited*  *Unlimited Authority* by filing a written petition to

terminate or modify the guardianship order and notice of hearing with the Office of the Chief Court Administrator of the First Circuit Court, c/o Legal Documents Branch whose location and mailing address is Ronald T.Y. Moon Kapolei Courthouse, 4675 Kapolei Parkway, Kapolei, Hawai‘i, 96707 or Ka‘ahumanu Hale, 777 Punchbowl Street, Honolulu, Hawai‘i, 96813. File-stamped copies of this *Petition to Terminate or Modify the Guardianship and a Notice of Hearing* must be mailed to the Guardian at the following mailing address:

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and to the Ward and all other parties at the addresses noted above.

DATED: Kapolei, Hawai‘i, \_\_\_\_\_.

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Signature of Guardian

IN THE FAMILY COURT OF THE FIRST CIRCUIT  
STATE OF HAWAI'I

In the Matter of the Guardianship of ) FC-G No. \_\_\_\_\_  
)  
) CERTIFICATE OF SERVICE  
)  
\_\_\_\_\_)  
(Full Legal Name) )  
An Incapacitated Person. )  
\_\_\_\_\_)

CERTIFICATE OF SERVICE

I hereby certify that, on the date noted below, I caused to be mailed to the below-named persons, copies of the attached document:

<u>NAME</u>	<u>ADDRESS</u>	<u>DATE OF SERVICE</u>
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DATED: Kapolei, Hawai'i, \_\_\_\_\_.

\_\_\_\_\_  
Signature of Person Certifying Service

\_\_\_\_\_  
Print Complete Name