Address	
City, State, Zip Code	
Telephone Number	
IN THE FAMILY COURT	T OF THE FIRST CIRCUIT
STATE OF	F HAWAI'I
In the Matter of the Guardianship of	) FC-G No ) STATEMENT OF MAILING RE:
(Full Legal Name)	_, ); (Name of Party)
An Incapacitated Person	) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (
STATEMENT OF MAILING RE:	
	(Name of Party)
-	ppy of the Petition for the Appointment of a
Guardian of Incapacitated Person and Notice	
return receipt requested restricted deliver	
ADDRESS:	
CITY, STATE, ZIP CODE:	
At the time of mailing, the Post Office	e receipt attached hereto as Exhibit "1" was
	n receipt attached as Exhibit "2" was received.
postmarked and dated. Thereafter, the return	
postmarked and dated. Thereafter, the return DATED: Kapolei, Hawaiʻi,	
DATED: Kapolei, Hawaiʻi,	gnature

require a 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 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.

Instructions:

Submit a separate Statement f Mailing for each party served by mail.

(ATTACH POST OFFICE RECEIPT) (ATTACH RETURN RECEIPT)

EXHIBIT 1

EXHIBIT 2