
Name

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. _____
)	
)	PROOF OF SERVICE ON
_____ ,)	RESPONDENT
(Full Legal Name))	
An Incapacitated Person.)	
_____)	

PROOF OF SERVICE ON RESPONDENT

I served a certified copy of the Petition for Appointment of a Guardian of an Incapacitated Person and Notice of Hearing in this action on the above-named Incapacitated Person (Respondent) at the following address: _____

on _____ at _____.
(Date) (Time)


DATED: Kapolei, Hawai'i, _____.

Signature of Serving Officer or Adult

Print complete name: _____

Badge No. for Serving Officer: _____

Address if other than Serving Officer: _____

 In accordance with the Americans with Disabilities Act, as amended, and other applicable state and federal laws, if you 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.