
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. _____
)
)
) WAIVER OF NOTICE AND CONSENT
) TO GUARDIANSHIP
)
) (Full Legal Name)
)
) An Incapacitated Person.
)
_____)

WAIVER OF NOTICE AND CONSENT TO GUARDIANSHIP

I acknowledge receipt of a filed copy of the Petition requesting the appointment of _____, as guardian of the above-named Incapacitated Person and the Notice of Hearing in this action.


I consent to the guardianship, appointment of the proposed guardian, and waive the requirement that I receive notice of the hearing at least fourteen days before the hearing on the Petition. Also,

- I do not want to be notified of any further hearings and understand that the Court may grant the petition without further notice to me.
- I want to be notified of all future hearings, but do not require that I be given at least fourteen days advance notice.

DATED: Kapolei, Hawai'i, _____.

Signature

*This document may be signed by the person or his/her attorney. Print *Name: _____
Address: _____

 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.

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