_____
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._____
	)	
	)	LIST OF EXHIBITS
	)	
_____,	)	
(Full Legal Name)	)	
An Incapacitated Person.	)	
_____	)	

LIST OF EXHIBITS

The exhibits attached hereto are submitted for filing in the above-entitled proceeding:

1. _____.

2. _____

3. _____

DATED: Kapolei, Hawai'i,_____.

_____
Signature of Petitioner

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.*

RESET FORM