

Name, Address & Phone Number
(If Attorney filing, type Name, Address & Phone Number)

[] Plaintiff [] Defendant
[] Attorney for [] Plaintiff [] Defendant

**IN THE FAMILY COURT OF THE SECOND CIRCUIT
STATE OF HAWAII**

)	FC-D NO. _____
)	
Plaintiff,)	EX PARTE MOTION TO REINSTATE
)	COMPLAINT FOR DIVORCE AND
vs.)	DECLARATION; ORDER GRANTING
)	EX PARTE MOTION TO REINSTATE
)	COMPLAINT; CERTIFICATE OF
)	SERVICE
)	
Defendant.)	

EX PARTE MOTION TO REINSTATE COMPLAINT FOR DIVORCE AND DECLARATION

COMES NOW, [] Plaintiff [] Defendant, above-named, [] by and through his/her attorney and moves this Honorable Court, pursuant to Rules 41(e) of the Hawai'i Family Court Rules, for an order reinstating the Complaint for Divorce filed in the above-entitled case. This motion is based on the declaration that follows:

1. The Complaint for Divorce was filed on _____.
2. The Complaint [] was [] was not served on the Defendant.
3. The Notice/Order of Dismissal was filed on _____.

4. The case should be reinstated for the following reasons:

I hereby declare under penalty of perjury that the above statements are true, correct, and complete to the best of my knowledge and belief.

Date

Signature of Plaintiff Defendant
 Attorney for Plaintiff Defendant

ORDER GRANTING EX PARTE MOTION TO REINSTATE COMPLAINT

Upon review of the Ex Parte Motion to Reinstatement Complaint form Divorce and Declaration and the files and records herein, IT IS HEREBY ORDERED that:

1. The Ex Parte Motion to Reinstatement Complaint for Divorce is granted.
2. A Party **shall file a motion to set this matter for hearing or set this case on the uncontested calendar within ninety (90) days of the signing and filing of this order.**
3. Failure to comply with paragraph 2 of this order will result in an automatic dismissal of this case immediately upon the expiration of the ninety (90) days.

Date

JUDGE'S SIGNATURE

Americans with Disabilities Act Notice



If you need an accommodation for a disability when participating in a court program, service, or activity, please contact the ADA Coordinator as soon as possible to allow the court time to provide an accommodation:

Call (808) 244-2855 FAX (808) 244-2932 OR Send an e-mail to: adarequest@courts.hawaii.gov. The court will try to provide, but cannot guarantee, your requested auxiliary aid, service or accommodation.

CERTIFICATE OF SERVICE

I hereby certify that a certified copy of the foregoing Motion to Reinstate Complaint for Divorce; Declaration; Order Granting Ex Parte Motion to Reinstate Complaint will be served at the following address(es) of the Opposing Party(ies) and/or Opposing Party(ies) attorney upon filing by Hand-delivery or Mail, Postage Prepaid, at the following address(es):

[] Plaintiff [] Defendant

[] Attorney for [] Plaintiff [] Defendant

DATED: _____, Maui, Hawai'i, _____.

Signature of [] Plaintiff [] Defendant
[] Attorney for [] Plaintiff [] Defendant