

If Attorney filing type name, address and phone number below

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

	)	FC-DA NO.:
	)	
on behalf of	)	PROOF OF SERVICE
	)	
	)	Hearing Date: _____
vs.                   Petitioner,	)	
	)	Hearing Time: _____
	)	
	)	
_____ Respondent.	)	

**PROOF OF SERVICE**

I served a certified copy of each document identified below by personal delivery to the following person(s):

PERSON(S) SERVED	DATE	TIME	PLACE
<input type="checkbox"/> RESPONDENT'S Signature <input type="checkbox"/> PETITIONER'S Signature			

**DOCUMENTS SERVED:**

- Notice of Temporary Restraining Order and Notice of Hearing; Temporary Restraining Order; Ex Parte Petition for an HRS 586 Temporary Restraining Order
- Motion to Amend/Dissolve HRS 586 Protective Order

<u>Date</u>	<u>Officer's Signature:</u>  <u>Print Officer's name:</u>	<u>Badge/ID No.</u>
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