

If Attorney filing type name, address and phone number below

FAMILY COURT OF THE SECOND CIRCUIT
STATE OF HAWAII

on behalf of Petitioner, vs. Respondent.)))))))))))))	FC-DA NO.: _____ MOTION TO <input type="checkbox"/> AMEND <input type="checkbox"/> DISSOLVE HRS 586 PROTECTIVE ORDER NOTICE AND SUMMONS <input type="checkbox"/> Motion DENIED _____ JUDGE OF THE ABOVE ENTITLED COURT
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**MOTION TO [] AMEND [] DISSOLVE HRS 586 PROTECTIVE ORDER
NOTICE AND SUMMONS**

A. MOTION

[] Petitioner [] Respondent in this action moves to [] Amend or [] Dissolve the existing Order for Protection as follows:

[] Delete the language in the order which reads _____

[] Add new language in the order which reads _____

[] Other _____

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.

I am requesting this action because of a material change in circumstances has occurred as follows: _____

Be aware that under HRS 586-9, Modification of Order, that the “court may deny, without hearing, a motion to dismiss or to modify the terms of an existing order for protection if the motion, on its face, does not allege facts sufficient to establish a material change in the circumstances of the parties since the issuance or last modification of the order”

This motion is brought under HFCD 7. I hereby declare under penalty that the information in this motion is true and correct to the best of my knowledge.

DATE

SIGNATURE OF MOVANT

B. NOTICE AND SUMMONS

TO:

PLEASE TAKE NOTICE that a Motion to Modify the Order for Protection in this case has been scheduled. **YOU ARE COMMANDED** to appear before the Presiding Judge of this Court at the date, time and place indicated below.

If you wish to seek the advice of an attorney in this matter, do so promptly. You **must** appear at the hearing with or without an attorney.

HEARING SET FOR: **DATE:** _____ **TIME:** _____

- PLACE:** **FAMILY COURT, SECOND CIRCUIT**
- 2145 MAIN STREET, COURTROOM []3A []3B
WAILUKU, MAUI HAWAI'I 96793**
 - MOLOKAI DISTRICT COURT
55 MAKAENA PLACE
KAUNAKAKAI, MOLOKAI HAWAI'I 96748**
 - LANA'I DISTRICT COURT
312 8TH STREET
LANA'I CITY, LANA'I HAWAI'I 96763**

DATE

CLERK OF THE COURT

NOTE: HRS Section 571-24 provides that at any person summoned “who without reasonable cause, fails to appear, may be proceeded against for contempt of court”. Failure to obey the notice may result in an entry of a default judgment against the person summoned.

This notice shall be personally delivered between 6:00 a.m. and 10:00 p.m. on premises not open to the public, unless a Judge of the District or Circuit court permits, in writing on the notice, personal delivery during those hours.