[]Plaintiff/Petitioner, Pro Se [] Defendant/Respondent, Pro Se []Attorney for [] Plaintiff/Petitioner [] Defendant/Respondent

IN THE FAMILY COURT OF THE SECOND CIRCUIT STATE OF HAWAI`I

VS.	Plaintiff/Petitioner,) FCNO NOTICE OF INTENT TO FILE A COMPLAINT AGAINST A PRIVATE CHILD CUSTODY EVALUATOR
	Defendant/Respondent.)

NOTICE OF INTENT TO FILE A COMPLAINT AGAINST A PRIVATE CHILD CUSTODY EVALUATOR

I, _______Name of Party/Complainant am the [] Plaintiff/Petitioner [] Defendant/Respondent in FC-____ No. ______.

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:



I am informing the Family Court of my intent to file a complaint against:

____ who is a licensed

Name of Private Child Custody Evaluator

- [] Physician who has completed a residency in psychiatry
- [] Board Certified Psychiatrist
- [] Psychologist
- [] Marriage and Family Therapist
- [] Clinical Social Worker

and was appointed to perform a child custody evaluation and report in the aboveentitled case. The following is a summary of my complaint:

I declare under penalty of perjury under the laws of the State of Hawai`i that the foregoing is true and correct.

Dated: _____, Maui, Hawai`i, _____.

Signature of Party/Complainant