

STATE OF HAWAII FAMILY COURT THIRD CIRCUIT	<b>NOTICE OF INTENT TO FILE A COMPLAINT AGAINST A PRIVATE CHILD CUSTODY EVALUATOR</b>	CASE NUMBER FC- _____ No. _____
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I, \_\_\_\_\_  
Name of Party/Complainant

am the  Plaintiff/Petitioner  Defendant/Respondent in FC-\_\_\_\_\_ No. \_\_\_\_\_:

\_\_\_\_\_  
Case Name (Plaintiff/Petitioner vs. Defendant/Respondent)

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 above-entitled 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.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Party/Complainant



In accordance with the Americans with Disabilities Act and other applicable state and federal laws, if you require a reasonable accommodation for a disability, please contact the ADA Coordinator at PHONE NO. 961-7424, FAX 961-7411, or TTY 961-7422 at least ten (10) working days prior to your hearing or appointment date.