

STATE OF HAWAII  
FAMILY COURT  
FIFTH CIRCUIT

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

CASE NUMBER

FC- \_\_\_\_\_ No. \_\_\_\_\_

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. 482-2365, FAX 482-2509, or TTY 482-2533 at least ten (10) working days prior to your hearing or appointment date.