

(Name)  
(Address)  
(City, State, Zip code)  
(Telephone #)

Petitioner Pro Se

MEMORANDUM  
to Family Support Branch

Department of the Attorney General  
Family Support Branch  
35 Lunalilo Street Suite 203  
Wailuku, Hawaii 96793  
Fax: (808) 243-5161

FC-P No. \_\_\_\_\_ (case # from Petition)

I served the other parent (and/or caretaker)

(name(s) of person(s) served) with the Petition for Paternity, filed \_\_\_\_\_, 20\_\_, (date  
Petition was filed) on \_\_\_\_\_, 20\_\_, (date of service).

The hearing in this case is set for \_\_\_\_\_, 20\_\_ at \_\_\_\_\_ .m. (date & time of  
hearing).

DATED: \_\_\_\_\_, Hawaii, \_\_\_\_\_

\_\_\_\_\_  
(Your signature)

\_\_\_\_\_  
(Printed Name)