

\_\_\_\_\_  
(your name)

\_\_\_\_\_  
(street address or P.O. Box)

\_\_\_\_\_  
(city, state, zip)

\_\_\_\_\_  
(your phone number)

Petitioner Pro Se

IN THE FAMILY COURT OF THE SECOND CIRCUIT

STATE OF HAWAI'I

\_\_\_\_\_  
(your full name in capital letters)

vs.                      Petitioner(s),

\_\_\_\_\_  
(other parent's full name in capital letters + full name  
of third party Caretaker, if there is one)

and  
CHILD SUPPORT ENFORCEMENT  
AGENCY, STATE OF HAWAI'I,  
Respondents.

)                      FC-\_\_\_\_ NO. \_\_\_\_\_ (case #)

)                      STATEMENT OF MAILING;  
)                       EXHIBITS "1" and "2"

STATEMENT OF MAILING

I REPRESENT THAT:

I caused one certified copy of the Order for Income Withholding, filed  
\_\_\_\_\_, 20\_\_\_\_ (date order was filed) to be mailed by certified or  
registered mail, return receipt requested to the child support payor's employer at

the following address:

Child Support Payor's Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

At the time of mailing, the receipt attached hereto as Exhibit "1" was postmarked and dated. Thereafter, the return receipt attached as Exhibit "2" was received.

*(If you sent the Order for Income Withholding to the child support payor's employer, mark the box above on the right side of the form next to "EXHIBITS "1" AND "2."")*

- I caused one certified copy of the Order for Income Withholding and one certified copy of the Order Re: Custody, Visitation, Support After Voluntary Establishment of Paternity, filed \_\_\_\_\_, 20\_\_\_\_ (date orders were filed) to be sent by regular mail, to the following address:

Child Support Enforcement Agency  
 P.O. Box 1860  
 Honolulu, Hawai'i 96805-1860

- I caused one certified copy of the Order for Income Withholding and one certified copy of the Order Re: Custody, Visitation, Support After Voluntary Establishment of Paternity, filed \_\_\_\_\_, 20\_\_\_\_ (date orders were filed) to be sent by regular mail, to the Respondent(s) at the following address:

\_\_\_\_\_ (name)  
 \_\_\_\_\_ (address)  
 \_\_\_\_\_ (city, state, zip)

(If more than one Respondent in this case, write their name & address below:)

\_\_\_\_\_ (name)  
 \_\_\_\_\_ (address)  
 \_\_\_\_\_ (city, state, zip)

DATED: Wailuku, Maui, Hawai'i, \_\_\_\_\_, 20\_\_\_\_

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

(Your Printed Name)

**EXHIBIT "1"**

**EXHIBIT "2"**