STATE OF HAWAI'I CASE ID/NUMBER FAMILY COURT FIRST CIRCUIT	
ANSWER TO COMPLAINT FOR [] DIVORCE [] CIVIL UNION DIVORCE	
Plaintiff,	This document is prepared by [] Self-Represented Defendant [] Attorney for Defendant
V.	Name (and if applicable, Attorney No.)
	Address
	City, State, Zip Code
Defendant.	Telephone Number
	E-Mail Address
I, the above-named Defendant, have recei	ved a filed copy of the Complaint for
[] Divorce [] Civil Union Divorce. I have rea	
in response to said allegations, I state the following	
I agree with paragraphs numbered:	
of the Complaint for Civil Union Divorce.	
I disagree with paragraphs numbered:	
of the Complaint for Civil Union Divorce.	

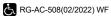
FC Adm 1/20/22

DOCUMENT CATEGORY: Response

DOCUMENT TYPE: Answer to Complaint

Page 1 of 2 pages

Answer to Complaint 1F-P-1071 DOCKET CODE: **ANCMP**



STATE OF HAWAI'
FAMILY COURT
FIRST CIRCUIT

ANSWER TO COMPLAINT FOR []DIVORCE [] CIVIL UNION DIVORCE

CASE ID/NUMBER	

3.	I requ	uest	the	follov	wing	relief:

4. I deny anything stated in the Complaint for Civil Union Divorce that I have not specifically admitted or denied.

DATE SIGNATURE OF [] Self-Represented Defendant [] Attorney for Defendant

FC Adm 1/20/22 Page 2 of 2 pages Answer to Complaint 1F-P-1071



If you need an accommodation for a disability when participating in a court program, service, or activity, please contact the ADA Coordinator as far in advance as possible to allow time to provide an accommodation: Call the ADA Coordinator of the First Circuit Family Court Office at (808) 954-8200, fax (808)954-8308, or send an e-mail to adarequest@courts.hawaii.gov. The ADA Coordinator will work to provide, but cannot guarantee your requested auxiliary aid, service, or accommodation.

Please call the Family Court Service Center at (808)954-8290 if you have any questions about forms or procedures.