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| STATE OF HAWAI'I<br>FAMILY COURT<br>FIRST CIRCUIT | ANSWER TO<br>COMPLAINT FOR<br>CIVIL UNION DIVORCE | CASE NUMBER<br>FC-CU No. _____ |
|---|---|--------------------------------|


|  |  |
|--|--|
| <p>_____<br/>(Full Name) PLAINTIFF<br/>v.</p> <p>_____<br/>(Full Name) DEFENDANT</p> | This document is prepared by: <input type="checkbox"/> Attorney for <input type="checkbox"/> Defendant |
|  | Name   |
|  | Address  |
|  | City, State, Zip Code  |
|  | Telephone Numbers  |

I, the above-named Defendant, have received a filed copy of the Complaint for Divorce and Summons to Answer the Complaint. I have read the allegations that Plaintiff has made in the Complaint and in response to said allegations, I state the following:

1. I **agree** with paragraph(s) #: \_\_\_\_\_ of the Complaint for Divorce.
2. I **disagree** with paragraph(s) #: \_\_\_\_\_ of the Complaint for Divorce.
3. I request the following relief:

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

|      |   |                |
|------|---|----------------|
| DATE | SIGNATURE OF <input type="checkbox"/> ATTORNEY FOR <input type="checkbox"/> DEFENDANT | COURT USE ONLY |
|------|---|----------------|

 In accordance with the Americans with Disabilities Act, as amended, and other applicable state and federal laws, if you require accommodation for a disability, please contact the ADA Coordinator at the First Circuit Family Court office by telephone at 954-8200, fax 954-8308, or via email at [adarequest@courts.hawaii.gov](mailto:adarequest@courts.hawaii.gov) at least ten (10) working days prior to your hearing or appointment date.

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