STATE OF HAWAI'I		ANSWER TO		CASE NUMBER
FAMILY COURT FIRST CIRCUIT		COMPLAINT	FOR DIVORCE	FC-D No.
			This document is prepared	by: Attorney for Defendant
			Name	
(Full Name) PLAINTIFF V.			Address	
			City Chata Zin Code	
		City, State, Zip Code		
(Full Name) DEFENDANT		Telephone Numbers		
I, the above-named Defendant, have received a filed copy of the <i>Complaint for Divorce; Automatic Restraining Order; and Summons to Answer the Complaint</i> . 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 paragra	aph(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 down on this so that		anno la int fan Dive		
4. I deny anything stated in the Complaint for Divorce that I have not specifically admitted or denied.				
DATE SIGNA	ATURE OF 🗍	ATTORNEY FOR ☐[DEFENDANT	
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 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. COURT USE ONLY				
questions about forms or procedures.				COURT USE ONLY