

STATE OF HAWAI'I FAMILY COURT FIRST CIRCUIT	ANSWER TO COMPLAINT FOR DIVORCE	CASE NUMBER FC-D No. _____
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_____ (Your Full Name) PLAINTIFF v. _____ (Your Spouse's Full Name) DEFENDANT	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; Automatic Restraining Order; 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
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 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.

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