

hereinafter referred to as “Respondent” who is an Incapacitated Person residing or present within the jurisdiction of this Court, pursuant to sections (§§) 560:5-106 and 560:5-108(b) of the Hawai`i Revised Statutes (“HRS”).

2. The information concerns the above-named Petitioner:

Name:

Residence Address:

Current Address *(if different from above)*:

Relationship to Respondent:

Interest in the Appointment:

3. The following information concerns the above-named Respondent:

Name:

Age:

Principal Residence:

Current Street Address and if different, Address of Dwelling if appointment is made:

4. The following person is suitable to be appointed guardian of the Respondent:

Name:

Residence Address:

Current Address: *(if different from above)*

Relationship to Respondent:

The proposed guardian should be selected because: *(state reason)*

5. The names and addresses of the individuals required by law, HRS § 560:5-304(b), to be notified of these proceedings are (*note if deceased or whereabouts unknown or "none"*):

a. Spouse or Reciprocal Beneficiary or if there is no spouse of reciprocal beneficiary, Adult with whom Respondent has resided for more than six months before the filing of this Petition:

Name:

Address:

b. Adult Child(ren):

Name:

Address:

Name:

Address:

Name:

Address:

Name:

Address:

or

(1) Mother:

Name:

Address:

(2) Father:

Name:

Address:

(3) Adult Siblings:

Name:

Address:

Name:

Address:

Name:

Address:

Name:

Address:

(4) If there are no adult child(ren) or adult sibling(s), the adult(s) nearest in kinship to the Respondent:

Name:

Address:

Name:

Address:

Name:

Address:

6. The person(s) responsible for care or custody of the Respondent:

Care home Hospital Long term care facility _____

Name: _____

Address: _____

Respondent lives alone

7. The person(s) serving as Respondent's legal representative(s): *(Also include title of legal representative(s) – including attorney, representative payee, guardian, conservator, trustee or custodian of a trust or custodianship of which Respondent is a beneficiary, and agent designated under a power of attorney, whether for health or property.)*

a. Name:

Title:

Address:

b. Name:

Title:

Address:

If the person(s) has/have been appointed conservator or guardian of the property, provide the case and number:

Case Number:

Case Name:

8. The person(s) nominated by the Respondent to serve as guardian:

(a) Name:

Address:

(b) Name:

Address:

9. The person(s) appointed by the Respondent as an agent under any medical directive or health care power of attorney:

(a) Name:

Address:

(b) Name:

Address:

10. In absence of an agent appointed by the Respondent under a medical directive or health care power of attorney, the person designated as a surrogate authorized to make a health care decision for Respondent under the Hawai'i Uniform Health-Care Decisions Act is:

Name:

Address:

Relationship to Respondent:

11. The following interested person(s) has/have filed with the Circuit Court of the Second Circuit, pursuant to HRS § 560:5-116, a request for notice before entry of any order in a guardianship or protective proceeding relative to the above-named Respondent:

(a) Name:
Address:

Relationship to Respondent:

(b) Name:
Address:

Relationship to Respondent:

(c) Name:
Address:

Relationship to Respondent:

(d) Name:
Address:

Relationship to Respondent:

(e) Name:
Address:

Relationship to Respondent:

12. Petitioner has made inquiry of all reasonable sources as to the names and addresses of person (s) in paragraphs 5 through 11, where applicable, and has not been able to obtain information other than as alleged in said paragraphs.

13. Such appointment is necessary because the Respondent is unable to receive and evaluate information or make or communicate decisions to such an extent that he/she lacks the ability to meet essential requirements for physical health, safety, or self-care, even with the appropriate and reasonably available technological assistance because:
(Briefly describe the nature and extent of Respondent's alleged incapacity.)
14. An unlimited limited guardianship is requested because:
(Explain why a limited guardianship is inappropriate or if a limited guardianship is requested, state powers to be granted to the limited guardian.)
15. The following information concerns the Respondent's property:
- a. General statement of Respondent's property:
- b. Estimated value: *(including insurance or pension)*

- c. Source and amount of other anticipated income or receipts: ***(do not include social security numbers, bank account numbers, etc.)***

16. The Respondent is is not represented by an attorney.

17. The Respondent is expected to attend the hearing.

The Respondent is not expected to attend the hearing and

The Petitioner respectfully requests the Respondent's attendance be excused pursuant to HRS § 560:5-308(a) because:

The Petitioner further requests the appointment of a Guardian ad Litem for the Respondent, if deemed necessary by the Court, pursuant to HRS §§ 560:5-115 and 5-305(a).

The Petitioner further requests the appointment of a Kōkua Kānāwai. The duties and reporting requirements of the Kōkua Kānāwai should be:

WHEREFORE, Petitioner requests that:

1. A time and place be set for hearing on the issue of incapacity hereof, and that due notice of the foregoing matter and of the time and place of hearing on this petition be given to all required persons.

2. [] The Court excuse the Respondent's attendance pursuant to HRS § 560:5-308(a) and appoint a Guardian ad Litem for the Respondent, if deemed necessary by the Court, pursuant to HRS §§ 560:5-115 and 5-305(a).

[] The Court excuse the Respondent's attendance pursuant to HRS § 560:5-308(a) and appoint a Kōkua Kānāwai, if deemed necessary by the Court, pursuant to HRS §§ 560:5-115 and 5-305(a).

3. The Court make the following findings:

a. that this Court has jurisdiction in this matter;

b. that _____ is an
(Full Legal Name of Respondent)
Incapacitated Person as defined in HRS § 560:5-102;

c. that the appointment of [] limited [] unlimited guardianship is necessary in order to provide continuing care and supervision of said Incapacitated Person; and

d. that _____, the
(Name of Proposed Guardian)
nominee named in paragraph 4 above, is a fit and proper person to serve as guardian.

4. _____, be appointed guardian
(Name of Proposed Guardian)
of the above-named Incapacitated Person, to continue in office until such guardianship is terminated by order of this Court or by operation of law.

5. The guardian of the person of the above-named Incapacitated Person shall serve without bond and without compensation.

PETITIONER DECLARES UNDER PENALTY OF PERJURY THAT PETITIONER HAS READ THIS PETITION FOR GUARDIANSHIP AND KNOWS AND UNDERSTANDS THE CONTENTS HEREOF; AND THAT THE STATEMENTS MADE HEREIN ARE TRUE TO THE BEST OF PETITIONER'S OWN KNOWLEDGE AND INFORMATION EXCEPT AS STATED TO BE BASED UPON INFORMATION AND BELIEF.

DATED: Wailuku, Maui, Hawai'i _____

Signature of Petitioner

IN THE FAMILY COURT OF THE SECOND CIRCUIT
STATE OF HAWAII

In the Matter of the Guardianship of) FC-G No.
)
)
_____,)
(Full Legal Name)) NOTICE OF HEARING
)
)
Birthdate: _____ [] Male [] Female)
)
)
An Incapacitated Person.)
_____)

NOTICE OF HEARING

STATE OF HAWAII

To: (List names and addresses of all parties in paragraph 3 through 11 of the Petition.)

Name and Address:

Name and Address:

Name and Address:

Name and Address:

Name and Address:

Name and Address:

Name and Address:

Name and Address:

Name and Address:

Name and Address:

The Petition for Appointment of a guardian of the person of the above-named person will be heard in the **Family Court of the Second Circuit** on the **Third Floor of the Hoapili Hale Courthouse, 2145 Main Street, Wailuku, Hawai'i** on _____ at _____.

If you fail to appear at the hearing or to file a written answer with the Office of the Chief Court Administrator of the Second Circuit Court, c/o Legal Documents Branch whose location and address is: Second Circuit Courthouse, Hoapili Hale, 2145 Main Street, Room 106, Wailuku, Hawai'i, 96793 before the date of the hearing, further action may be taken in this case without further notice to you.

NOTICE TO THE RESPONDENT

The outcome of this proceeding may limit or completely take away your right to make decisions about your personal affairs or financial affairs or both. You must appear in person unless excused by the Court.

You have the right to be represented by an attorney of choice at your expense and the right to request a court-appointed attorney.

At the hearing, you may:

- ▶ request a professional evaluation;**
- ▶ present evidence, subpoena witnesses and documents;**
- ▶ question all witnesses and experts and otherwise participate in the hearing.**

You may ask that the hearing be conducted in a manner that reasonably accommodates you. You may ask that the hearing be closed to the public.

This Notice of Hearing shall not be personally delivered between 10:00 p.m. and 6:00 a.m. on premises not open to the public, unless a judge permits, in writing, on the Notice and Hearing, personal delivery during those hours.

Failure to obey the Notice of Hearing may result in an entry of a default and default judgment against the person noticed.

Dated: Wailuku, Maui, Hawai`i, _____

Clerk of the above-entitled Court

Americans with Disabilities Act Notice



If you need an accommodation for a disability when participating in a court program, service, or activity, please contact the ADA Coordinator as soon as possible to allow the court time to provide an accommodation:

Call (808) 244-2855 FAX (808) 244-2932 OR Send an e-mail to: adarequest@courts.hawaii.gov. The court will try to provide, but cannot guarantee, your requested auxiliary aid, service or accommodation