

Name

Address

City, State, Zip Code

Telephone Number

Attorney for Petitioner

IN THE FAMILY COURT OF THE SECOND CIRCUIT
STATE OF HAWAII

In the Matter of the Guardianship of)
)
)
)
_____,)
(Full Legal Name))
)
An Incapacitated Person)
_____)

FC-G No.

WAIVER OF NOTICE AND CONSENT
TO GUARDIANSHIP

WAIVER OF NOTICE AND CONSENT TO GUARDIANSHIP

I acknowledge receipt of a filed copy of the Petition requesting the appointment of _____, as guardian of the above-named Incapacitated Person and the Notice of Hearing in this action.

I consent to the guardianship, appointment of the proposed guardian, and waive the requirement that I receive notice of the hearing at least fourteen (14) days before the hearing on the Petition. Also,

- I do not want to be notified of any further hearings and understand that the Court may grant the petition without further notice to me.

- I want to be notified of all future hearings, but do not require that I be given at least fourteen (14) days advanced notice.

DATED: Wailuku, Maui, Hawai`i, _____

Signature

*This document may be signed by the person or his/her attorney.

Print *Name: _____
Address: _____

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.