

Name of Guardian

Address

City, State, Zip Code

Telephone Number

IN THE FAMILY COURT OF THE SECOND CIRCUIT  
STATE OF HAWAII

In the Matter of the Guardianship of	)	FC-G No.
	)	
	)	NOTICE OF APPOINTMENT OF
	)	GUARDIAN AND NOTICE OF RIGHT
_____ ,	)	TO REQUEST MODIFICATION OR
(Full Legal Name)	)	TERMINATION; CERTIFICATE OF
	)	SERVICE
<u>An Incapacitated Person.</u>	)	

NOTICE OF APPOINTMENT OF GUARDIAN AND  
NOTICE OF RIGHT TO REQUEST MODIFICATION OR TERMINATION

STATE OF HAWAII

TO: *(List name(s) and address(es) of the Incapacitated Person and all parties in paragraphs 3-11 of the Petition)*

Name and Address:

Name and Address:

\_\_\_\_\_

\_\_\_\_\_

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**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](mailto:adarequest@courts.hawaii.gov). The court will try to provide, but cannot guarantee, your requested auxiliary aid, service or accommodation.

Name and Address:

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Name and Address:

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Name and Address:

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Name and Address:

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Notice is hereby given that \_\_\_\_\_ has been  
appointed by the Court to be the guardian of \_\_\_\_\_.  
*(Name of Guardian)*  
*(Name of Incapacitated Person)*

You have a right to request the termination or modification of the attached *Order Appointing Guardian with [ ] Limited [ ] Unlimited Authority* by filing a written *Petition to Terminate or Modify the Guardianship* order and *Notice of Hearing* 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. File-stamped copies of the *Petition to Terminate or Modify the Guardianship* and a *Notice of Hearing* must be mailed to the Guardian at the following address:

and to the Ward and all other parties at the address(es) noted above.

Dated: Wailuku, Maui, Hawai'i, \_\_\_\_\_

\_\_\_\_\_  
*Signature of Guardian*

IN THE FAMILY COURT OF THE SECOND CIRCUIT  
STATE OF HAWAII

In the Matter of the Guardianship of ) FC-G No.  
)  
) CERTIFICATE OF SERVICE  
)  
\_\_\_\_\_, )  
(Full Legal Name) )  
)  
\_\_\_\_\_)  
An Incapacitated Person.)

CERTIFICATE OF SERVICE

I hereby certify that, on the date noted below, I caused to be mailed to the below-named person(s), certified copies of the attached document:

<u>NAME</u>	<u>ADDRESS</u>	<u>DATE OF SERVICE</u>
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Dated: Wailuku, Maui, Hawai'i, \_\_\_\_\_

\_\_\_\_\_  
*Signature of Person Certifying Service*

\_\_\_\_\_  
*Print Complete Name*