

<b>STATE OF HAWAI'I</b> FAMILY COURT OF THE FIRST CIRCUIT		
<p>This document is prepared by</p> <p>[ <input type="checkbox"/> ] Self-Represented    <input type="checkbox"/> Petitioner/Plaintiff    <input type="checkbox"/> Respondent/Defendant</p> <p>[ <input type="checkbox"/> ] Attorney for <input type="checkbox"/> Petitioner/Plaintiff    <input type="checkbox"/> Respondent/Defendant</p> <p>_____</p> <p>Name (and if applicable, Attorney No.)</p> <p>_____</p> <p>Address</p> <p>_____</p> <p>City, State, Zip Code</p> <p>_____</p> <p>Telephone Number</p> <p>_____</p> <p>E-Mail Address</p>		
CASE NAME		CASE ID/NUMBER
TITLE OF DOCUMENT		

STATE OF HAWAII FAMILY COURT FIRST CIRCUIT	<b>MOTION TO</b> <input type="checkbox"/> <b>MODIFY ORDER APPOINTING GUARDIAN(S);</b> <input type="checkbox"/> <b>TERMINATE GUARDIANSHIP;</b> <b>NOTICE OF HEARING;</b> <b>AND CERTIFICATE OF SERVICE</b>	CASE NUMBER FC-G No. _____
IN THE MATTER OF THE GUARDIANSHIP OF _____ _____ (Full Name) Birthdate: _____ (Month, Day, Year) <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other  <input type="checkbox"/> An Incapacitated Person. <input type="checkbox"/> A Minor.	This document is prepared by: <input type="checkbox"/> Attorney for <input type="checkbox"/> Movant _____ Name (and Attorney License No. if Attorney for Movant) _____ Address _____ City, State, Zip Code _____ Telephone Numbers _____	
<p>Pursuant to section 560:5-318, the undersigned Movant requests <input type="checkbox"/> a modification <input type="checkbox"/> the termination of the Order Appointing Guardian filed _____.</p> <p><input type="checkbox"/> a. The extent of the protection or assistance granted in said Order is currently <input type="checkbox"/> excessive <input type="checkbox"/> insufficient. HRS § 560:5-318(b).</p> <p><input type="checkbox"/> b. The Ward's capacity to provide for support, care, education, health, and welfare has changed. HRS § 560:5-318(b)</p> <p><input type="checkbox"/> c. A successor guardian should be appointed because: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> d. _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>WHEREFORE, Movant prays that: _____</p> <p>_____</p>		
I, Movant, declare under penalty of perjury that I have read this Motion to Modify Order Appointing Guardian/Terminate Guardianship and know and understand the contents hereof; and that the statements made herein are true, correct, and complete to the best of my knowledge.		<b>COURT USE ONLY</b>
DATE	MOVANT'S SIGNATURE  Print Name:	

STATE OF HAWAI'I FAMILY COURT FIRST CIRCUIT	<b>NOTICE OF HEARING</b>	CASE NUMBER FC-G No. _____
IN THE MATTER OF THE GUARDIANSHIP OF _____ _____ (Full Name) Birthdate: _____ (Month, Day, Year) [ ] Male [ ] Female [ ] Other  [ ] An Incapacitated Person. [ ] A Minor.		This document is prepared by: <input type="checkbox"/> Attorney for <input type="checkbox"/> Movant _____ Name (and Attorney License No. if Attorney for Movant) _____ Address _____ City, State, Zip Code _____ Telephone Numbers _____

<u>NOTICE OF HEARING</u>	
STATE OF HAWAI'I  TO:	
Name and Address: _____ _____ _____	Name and Address: _____ _____ _____
Name and Address: _____ _____ _____	Name and Address: _____ _____ _____
Name and Address: _____ _____ _____	Name and Address: _____ _____ _____
Name and Address: _____ _____ _____	Name and Address: _____ _____ _____



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](mailto:adarequest@courts.hawaii.gov) at least ten (10) 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.*

STATE OF HAWAI'I FAMILY COURT FIRST CIRCUIT	<b>NOTICE OF HEARING</b>	CASE NUMBER FC-G No. _____
<p> Notice is hereby given that the [    ] <i>Motion to Modify Order Appointing Guardian(s)</i> [    ] <i>Motion to Terminate Guardianship</i> will be heard in the Family Court on the Third Floor of the Ronald T.Y. Moon Courthouse, located at 4675 Kapolei Parkway, Kapolei, Hawai'i, on <u>(date) _____</u> at <u>(time) _____</u>. </p> <p> If you fail to appear at the hearing or to file a written response to the Motion, further action may be taken, including an entry of default and default judgment against the person noticed, and the modification or termination of the guardianship, without further notice to you. Your written response should be addressed to the Presiding Judge, Family Court, First Circuit, 4675 Kapolei Parkway, Kapolei, Hawai'i, 96707, ATTN: SPECIAL DIVISION CALENDAR CLERK. </p> <p> DATED: Kapolei, Hawai'i, _____. </p> <p style="text-align: right;"> _____  Clerk of the Above-Entitled Court </p>		

STATE OF HAWAI‘I FAMILY COURT FIRST CIRCUIT	<b>CERTIFICATE OF SERVICE</b>	CASE NUMBER FC-G No. _____
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IN THE MATTER OF THE GUARDIANSHIP OF _____ _____ <div style="text-align: center;">(Full Name)</div> Birthdate: _____ <div style="text-align: center;">(Month, Day, Year)</div> [    ] Male [    ] Female [    ] Other  <div style="text-align: center;">[    ] An Incapacitated Person. [    ] A Minor.</div>	This document is prepared by: <input type="checkbox"/> Attorney for <input type="checkbox"/> Movant _____ Name (and Attorney License No. if Attorney for Movant) _____ Address _____ City, State, Zip Code _____ Telephone Numbers _____
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**CERTIFICATE OF SERVICE**

I hereby certify that a filed-marked copy of this *Motion to Modify Order Appointing Guardian(s)* or *Motion to Terminate Guardianship* was served today upon the following parties at their last known address by ☐ Hand-delivery or ☐ Mail, postage prepaid, pursuant to Rules 5(a) and (b) of the Hawai‘i Family Court Rules:

Name and Address: _____ _____ _____  Name and Address: _____ _____ _____  Name and Address: _____ _____ _____  Name and Address: _____ _____ _____	Name and Address: _____ _____ _____  Name and Address: _____ _____ _____  Name and Address: _____ _____ _____  Name and Address: _____ _____ _____
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DATED:            Kapolei, Hawai‘i, \_\_\_\_\_.

\_\_\_\_\_  
 Movant's Signature