

\_\_\_\_\_  
Client's Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address

Plaintiff/Petitioner  Defendant/Respondent

IN THE FAMILY COURT OF THE FIRST CIRCUIT  
STATE OF HAWAI'I

	)	Case No. _____
	)	
	)	OBJECTION TO WITHDRAWAL OF
	)	LIMITED APPEARANCE; CERTIFICATE
Plaintiff/Petitioner,	)	OF SERVICE
vs.	)	
	)	
	)	
	)	
Defendant/Respondent.	)	Judge: _____

OBJECTION TO WITHDRAWAL OF LIMITED APPEARANCE

Pursuant to Rule 11.1(b)(4) of the Hawai'i Family Court Rules, Client \_\_\_\_\_  
\_\_\_\_\_  
("Client") hereby objects to the Notice of Withdrawal of  
Limited Appearance of Attorney \_\_\_\_\_ ("Attorney") filed on  
\_\_\_\_\_ because \_\_\_\_\_  
\_\_\_\_\_.

DATED: \_\_\_\_\_, Hawai'i, \_\_\_\_\_.  
(City) (Date)

\_\_\_\_\_  
Client's Signature

A hearing on this matter shall be held on \_\_\_\_\_, in Courtroom \_\_\_\_\_, at  
\_\_\_\_\_  
(Time/a.m./p.m.)

FC Adm 9/23/19  
RG-AC-508 (10/19)

OBJECTION TO WITHDRAWAL  
OF LIMITED APPEARANCE



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.