
Attorney's Name and JD Number

Mailing Address

City, State, Zip Code

Phone Number

Email Address

Representing _____

[] Plaintiff/Petitioner [] Defendant/Respondent

IN THE FAMILY COURT OF THE
STATE OF HAWAI'I

) Case No. _____
)

) NOTICE OF WITHDRAWAL OF
) LIMITED APPEARANCE; EXHIBIT 1

) Plaintiff/Petitioner,)

vs.)

)

)

)

Defendant/Respondent.) Judge: _____

NOTICE OF WITHDRAWAL OF LIMITED APPEARANCE

Attorney _____ (“Attorney”) hereby files notice of Attorney’s withdrawal of limited appearance for Client _____ (“Client”) in the above-captioned matter. Client has **14 days** from the filing of this notice to file an “Objection to the Withdrawal of Limited Appearance” pursuant to Rule 11.1(b)(4) of the Hawai’i Family Court Rules.

DATED: _____, Hawai’i, _____.
(City) (Date)

Attorney’s Signature

[] Client consents to this withdrawal

Client’s Signature

NOTICE OF WITHDRAWAL OF LIMITED APPEARANCE
2F-P-535 (Rev. 10/29/19)

RG-AC-508 (10/19)

[Attach proof of service upon client to this Notice as Exhibit 1.]

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.