Client's Name	
Mailing Address	
City, State, Zip Code	
Phone Number	
Email Address [] Plaintiff/Petitioner [] Defendant/Respondent	
IN THE FAMILY COURT OF	FTHE
STATE OF H	AWAI'I
Plaintiff/Petitioner,) vs.) Plaintiff/Petitioner,) vs.)	Case No. OBJECTION TO WITHDRAWAL OF LIMITED APPEARANCE; CERTIFICATE OF SERVICE
Defendant/Respondent.	Judge:
OBJECTION TO WITHDRAWAL (
Pursuant to Rule 11.1(b)(4) of the Hawai'i F	•
Limited Appearance of Attorney because	ereby objects to the Notice of Withdrawal of ("Attorney") filed on
bccause	
DATED:, Hawaiʻi,	(Date)
Client'	s Signature
A hearing on this matter shall be held on	, in Courtroom, at
(Time/a.m./p.m.)	OBJECTION TO WITHDRAWAL (LIMITED APPEARANCE 2F-P-536 (Rev. 10/28

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.