

STATE OF HAWAII  
FAMILY COURT  
SECOND CIRCUIT

**PETITION FOR EX PARTE TEMPORARY  
GUN VIOLENCE PROTECTIVE ORDER AND  
PETITION FOR ONE-YEAR GUN VIOLENCE  
PROTECTIVE ORDER**

CASE NUMBER: FC-GV No.

vs. PETITIONER,  
  
  
  
RESPONDENT.

COURT USE ONLY

PETITIONER:

Name

Address

City, State, Zip Code

Telephone Number

PETITIONER'S ATTORNEY:

Name and Attorney License No.

Address

City, State, Zip Code

Telephone Number

**I. Based on personal knowledge, Petitioner alleges that:**

1. This Petition for Ex Parte Temporary Gun Violence Protective Order and for One-Year Gun Violence Protective Order is made pursuant to sections (§§) 134-63 and 134-64, Hawai'i Revised Statutes (HRS).
2. I reside on the island of \_\_\_\_\_. HRS § 134-62.
3. I am submitting this Petition for myself. I have the following relationship with the Respondent. (check all that apply) HRS §§ 134-61.
  - [ ] a. I am a family or household member of Respondent:
    - (1) [ ] we  are married  were married, but are now divorced.
    - (2) [ ] we  are current  are former reciprocal beneficiaries.
    - (3) [ ] we  are  were living together in the same dwelling unit.
    - (4) [ ] we  are  were roommates.
    - (5) [ ] we have a child(ren) together.

- (6)  we are related by blood and Respondent is my
- (7)  we are related by adoption.
- (8)  we  are  were dating (romantic, courting, or engaged).
- (9)  I am Respondent's  parent  child.
- (10)  I  am  was Respondent's legal guardian.

b. I am a law enforcement officer.

c. I am a  licensed physician  psychologist  
 advanced practice registered nurse  psychiatrist  
who examined the Respondent on \_\_\_\_\_.

d. I am an educator who is employed at \_\_\_\_\_,  
a school with which Respondent may have a connection.

e. I am a colleague who works at the same place as Respondent.

4. a. Respondent poses a danger of causing bodily injury to  himself /herself  another person by owning, purchasing, possessing, receiving, or having in his/her custody or control any firearm(s) or ammunition(s) based on my personal knowledge of the following facts and circumstances:  
HRS §§134-63; 134-64(d)(1)- (5) and (e).

(1) Respondent has unlawfully, recklessly, or negligently used, showed, stored, possessed, or brandished a firearm on: (date) \_\_\_\_\_.

Briefly describe what happened: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(2) Respondent has acted violently or threatened violence against himself/herself or another person with or without a firearm on: (date) \_\_\_\_\_.

Briefly describe what happened: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

[ ] (3) Respondent violated a protective order or restraining order under HRS chapter 586 or § 604-10.5, or a similar law in another state on: HRS §134-64(d)(3) (give date if known) \_\_\_\_\_  
\_\_\_\_\_. Briefly describe what happened: (include case name if known)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

[ ] (4) Respondent has abused drugs or alcohol or has committed crimes that involve drugs or alcohol on: (date) \_\_\_\_\_.  
Briefly describe what happened: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

[ ] (5) Respondent recently acquired firearms, ammunition, or other deadly weapons on:  
(date) \_\_\_\_\_.  
Briefly describe what happened: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

[ ] (6) Other incident(s): (include date and description of each incident) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. a. Number of firearms and ammunition Respondent has or controls: \_\_\_\_\_. HRS §134-63.

b. Description of the firearms or type of firearms: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c. Where are the firearms and/or ammunition located? *(give street address and describe specific place where the firearms and/or ammunition is/are located.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

d. The Respondent is a member of the police department, a sheriff, a law enforcement officer, a member of the armed forces of the State of Hawai'i or the United States, a mail carrier, or is employed by the State or subdivisions thereof or the United States, and may be required to be armed while on duty. The name and address of Respondent's chief commanding officer or administrator is as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Other court cases: Respondent and I are or have been involved in other court cases: HRS § 134-63(b). *(check all that apply and list the case number if you know it)*

Divorce: \_\_\_\_\_

Paternity: \_\_\_\_\_

Child Support: \_\_\_\_\_

Restraining Order/Protective Order: \_\_\_\_\_

Juvenile: \_\_\_\_\_

Child Protective Services (C.P.S.): \_\_\_\_\_

Criminal: \_\_\_\_\_

Others: \_\_\_\_\_

**II. Based on the foregoing statements and information, Petitioner requests the following:**

1. A Temporary Gun Violence Protective Order prohibiting the Respondent from:
  - A. owning, purchasing, possessing, receiving, transferring ownership of, or having in his/her custody or control any firearms or ammunition;
  - B. attempting to purchase, receive, or transfer ownership of any firearm or ammunition while this Temporary Gun Violence Protective Order is in effect;
2. An order that Respondent surrender all firearms and ammunition he/she owns or possesses, or has in his/her custody or control, to the Maui County Police Department for safekeeping for the duration of Temporary Gun Violence Protective Order or any extension of this Temporary Gun Violence Protective Order; and
3. An order requiring Respondent to appear in court and show cause why this Order should not be continued and why a One-Year Gun Violence Protective Order should not be issued.

**I HEREBY SOLEMNLY AND SINCERELY DECLARE UNDER PENALTY OF PERJURY THAT THE STATEMENTS MADE HEREIN ARE BASED ON MY PERSONAL KNOWLEDGE TO BE TRUE AND CORRECT TO THE BEST OF MY BELIEF, INFORMATION, AND KNOWLEDGE.**

DATED: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(City) (State) (Date)

\_\_\_\_\_  
Petitioner's Signature



**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

*Please call the Special Services Branch at 244-2729 if you have any questions or need an interpreter.*