

STATE OF HAWAII FAMILY COURT FIRST CIRCUIT		CASE ID/NUMBER _____		COURT USE ONLY			
[] AMENDED [] SUPPLEMENTAL EXHIBIT LIST							
PLAINTIFF/PETITIONER		Attorney for Plaintiff/Petitioner (Name, Address, Phone No., & E-Mail Address)				DATE(S) OF TRIAL OR HEARING	
DEFENDANT/RESPONDENT		ATTORNEY FOR Defendant/Respondent (Name, Address, Phone No., & E-Mail Address)				PREPARING CLERK(S)	
JUDGE							
EXHIBIT NO. ___ PLAINTIFF/ PETITIONER ___ DEFENDANT/ RESPONDENT _ _ _ _ _	OFFERED FOR IDENTIFICATION	RECEIVED IN EVIDENCE	WITHDRAWN	DESCRIPTION OF EXHIBIT		DATE R = RETURNED D = DESTROYED OTHER COMMENTS	
FOR OFFICE USE ONLY							
LOCATION OF EXHIBITS							
<input type="checkbox"/> Attached _____ <input type="checkbox"/> Shelf No. _____ <input type="checkbox"/> Code No. _____ <input type="checkbox"/> Other _____							
DATE:		RECEIVED:			PAGE ____ OF ____ PAGES		



If you need an accommodation for a disability when participating in a court program, service, or activity, please contact the ADA Coordinator as far in advance as possible to allow time to provide an accommodation: Call the ADA Coordinator of the First Circuit Family Court Office at 954-8200, fax 954-8308, or send an e-mail to adarequest@courts.hawaii.gov. The ADA Coordinator will work to provide, but cannot guarantee your requested auxiliary aid, service, or accommodation.

Please call the Family Court Service Center at 954-8290 if you have any questions about forms or procedures.

