

STATE OF HAWAII FAMILY COURT FIRST CIRCUIT		[] Amended [] Supplemental EXHIBIT LIST		CASE NUMBER FC-DA No. _____	
PETITIONER			Petitioner's Attorney (Name, Address, Phone No., & E-Mail Address)		
RESPONDENT			Respondent's Attorney (Name, Address, Phone No., & E-Mail Address)		
DATE(S) OF TRIAL OR HEARING		PREPARING CLERK(S)		JUDGE	

EXHIBIT NO. ____ PETITIONER ____ RESPONDENT ____	OFFERED FOR IDENTIFICATION	RECEIVED IN EVIDENCE	WITHDRAWN	DESCRIPTION OF EXHIBIT	DATE R = RETURNED D = DESTROYED OTHER COMMENTS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"/> Other _____ <input type="checkbox"/> Shelf No. _____ <input type="checkbox"/> Code No. _____		
DATE	RECEIVED BY	PAGE ____ OF ____ PAGE(S)



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 TRO Unit at 538-5959 if you have any questions regarding forms or procedures.

STATE OF HAWAII FAMILY COURT FIRST CIRCUIT			<input type="checkbox"/> Amended <input type="checkbox"/> Supplemental EXHIBIT LIST CONTINUATION SHEET		CASE NUMBER FC-DA No. _____	
EXHIBIT NO. ____ PETITIONER ____ RESPONDENT ____	OFFERED FOR IDENTIFICATION	RECEIVED IN EVIDENCE	WITHDRAWN	DESCRIPTION OF EXHIBIT	DATE R = RETURNED D = DESTROYED OTHER COMMENTS	
PAGE ____ OF ____ PAGE(S)						