

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
E-Mail Address  
[ ] Petitioner, Self-Represented Litigant  
[ ] Respondent, Self-Represented Litigant  
[ ] Attorney for [ ] Petitioner [ ] Respondent  
[ ] Other: \_\_\_\_\_

IN THE FAMILY COURT OF THE FIRST CIRCUIT

STATE OF HAWAI'I

[ ] Child Support Enforcement Agency, State of Hawai'i, and	) FC-PA No. _____
_____	)
	) EX PARTE MOTION AND DECLARATION
	) TO [ ] ADVANCE [ ] EXPEDITE
[ ] Mother [ ] Father [ ] Caretaker	) HEARING AND ORDER
PETITIONER(S)	)
v.	)
	)
_____	)
[ ] Mother [ ] Father [ ] Caretaker	)
	)
_____	)
[ ] Mother [ ] Father [ ] Caretaker	)
	)
[ ] and Child Support Enforcement Agency, State of Hawai'i,	)
RESPONDENT(S).	)
_____	)

EX PARTE MOTION AND DECLARATION  
TO [ ] ADVANCE [ ] EXPEDITE HEARING

\_\_\_\_\_, Movant, moves this Court, pursuant to Rule 10

of the Family Court Rules, for an order [ ] advancing [ ] expediting the hearing now set on \_\_\_\_\_  
(Hearing Date) at \_\_\_\_\_ before the Honorable \_\_\_\_\_  
(Time, a.m/p.m.) (Judge's Name)

In support of this motion, Movant states as follows: \_\_\_\_\_

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

I declare, under penalty of perjury, that the foregoing is true and correct.

DATED: \_\_\_\_\_, Hawai'i, \_\_\_\_\_  
(City) (Date)

\_\_\_\_\_  
(Movant's signature)

**ORDER**

[ ] This Ex Parte Motion is DENIED.

[ ] This Ex Parte Motion is APPROVED AND SO ORDERED.

( ) The Motion/Petition shall be heard on \_\_\_\_\_ at \_\_\_\_\_  
(Date) (Time, a.m/p.m.)

before a Presiding Judge of the Family Court of the First Circuit, Ronald T.Y. Moon  
Kapolei Courthouse, 4675 Kapolei Parkway, Kapolei, Hawai'i.

( ) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated: Kapolei, Hawai'i: \_\_\_\_\_.

\_\_\_\_\_  
Judge of the Above-Entitled Court

PRINT NAME: \_\_\_\_\_



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](mailto: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.*