
Name (and Attorney No. if applicable)

Address

City, State, Zip Code

Telephone Number

E-Mail Address

[] Petitioner, Self-Represented Litigant
[] Respondent, Self-Represented Litigant
[] Attorney for ☐ Petitioner ☐ Respondent

IN THE FAMILY COURT OF THE FIRST CIRCUIT

STATE OF HAWAII

[] Child Support Enforcement Agency) FC-PA No. _____
Agency, State of Hawai'i and)

) PRETRIAL ORDER NO. 1

)
(Your First, Middle and Last Name)) Attachment(s): _____
)

)

)

) PETITIONER(S),

) v.

)

(First, Middle, and Last name of other parent, caretaker,)
and legal parent))

)

)

[] and Child Support Enforcement)

Agency, State of Hawai'i,) Hearing Date: _____

)

RESPONDENT(S).) Presiding Judge: _____

PRETRIAL ORDER NO. 1

Present:

[] Petitioner ☐ Self-Represented Litigant
☐ Petitioner's Attorney: _____

[] Respondent ☐ Self-Represented Litigant
☐ Respondent's Attorney: _____

[] Attorney for Child Support Enforcement Agency: _____

[] _____

Pretrial Conference Date, Scheduling Information, and Other Important Deadlines. All Blanks must be filled in. A deadline date in this order is binding unless a different date is set forth in a later order (such as the report dates established in the Custody Evaluator Order).

EVENT

DATE

WITNESS LIST filed by the parties

Names of lay & expert witnesses, contact information, and subject matter of testimony

DISCOVERY DEADLINES

Cut off Date

Disclosure of Expert

Expert's Report

EXHIBITS EXCHANGE DEADLINE

and two (2) sets provided to the Court

PRE-TRIAL MOTION(S) DEADLINE

SETTLEMENT CONFERENCE STATEMENT FILED BY ALL PARTIES

- ☐ Updated Asset & Debt and Income & Expense Statements
- ☐ Pay statements for the last three months worked
- ☐ Tax returns for the following years _____
- ☐ Child Support Guidelines Worksheet

CONFIDENTIAL SETTLEMENT CONFERENCE LETTER

(Not filed/separately submitted by all parties to the settlement Judge)

PRE-TRIAL CONFERENCE

LENGTH OF TRIAL

TRIAL DATE(S)

STIPULATION(S)/ISSUE(S) IN DISPUTE:

Issues that are checked as "Agreed" are not in dispute.

	<u>Agreed</u>	<u>Disputed</u>	<u>Not Applicable</u>
1. Jurisdiction:			
a. Personal jurisdiction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Subject matter jurisdiction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Legal custody.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Physical custody.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Visitation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Income of: a. Petitioner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Respondent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- | | | | | | |
|-----|-------------------------------|-----------------------------|--------------------------|--------------------------|--------------------------|
| 6. | Expenses | a. Petitioner. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | b. Respondent. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. | Child Support. | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | a. | Dependency Tax Exemption. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. | Child health care: | | | | |
| | a. | Maintenance of insurance. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | b. | Payment of excess expenses. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. | Compliance with prior orders. | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. | Child's Name: | | | | |
| | ___ No name change | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | ___ Name shall be changed to: | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

11. Other: _____ ☐ ☐ ☐

[] It is further ordered that: _____

FAILURE TO APPEAR AT TRIAL OR TO COMPLY WITH THIS ORDER MAY RESULT IN SANCTIONS INCLUDING, BUT NOT LIMITED TO, THE ENTRY OF JUDGMENT AGAINST YOU, DENIAL OF THE RIGHT TO PRESENT WITNESSES OR EXHIBITS AND AN ORDER FOR PAYMENT OF ATTORNEY'S FEES AND COSTS, OR SUCH OTHER RELIEF AS THE COURT DEEMS APPROPRIATE.

Dated: Kapolei, Hawai'i, _____
 (Date)

 JUDGE OF THE ABOVE-ENTITLED COURT

PRINT JUDGE'S NAME: _____

APPROVED AS TO FORM AND CONTENT:

 Signature of Petitioner's Attorney

 Signature of Respondent's Attorney

 Signature of Petitioner

 Signature of Respondent



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 (808) 954-8200, fax (808) 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 (808)954-8290 if you have any questions about forms or procedures.