
NAME (and Attorney No. if applicable)

STREET ADDRESS OR P. O. BOX

CITY, STATE, ZIP CODE

TELEPHONE NUMBER

E-MAIL ADDRESS

☐ Petitioner, Self -Represented Litigant

☐ Attorney for Petitioner

IN THE FAMILY COURT OF THE FIRST CIRCUIT

STATE OF HAWAI'I

_____)	FC-PA No. _____
_____)	
(Your First, Middle, and Last Name))	<input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> _____
)	Alias Summons;
PETITIONER,)	<input type="checkbox"/> Exhibit "A"
v.)	
)	
_____)	
)	
(First, Middle, and Last Name of other parent,)	
caretaker, and legal father, if any.))	
)	
<input type="checkbox"/> and Child Support Enforcement Agency,)	
State of Hawai'i,)	
RESPONDENT(S).)	
_____)	

☐ First ☐ Second ☐ _____ Alias Summons

TO THE RESPONDENT(S):

YOU ARE HEREBY SUMMONED TO:

1. File a written *Answer* to ☐ the attached *Petition* ("Exhibit A") ☐ the *Petition* which was previously served on you on _____ within 20 days after service of this ☐ First ☐ Second ☐ _____ Alias Summons upon you; and

2. Appear at Family Court as stated below:

YOU ARE HEREBY FURTHER SUMMONED TO APPEAR before the Presiding Judge of the Family Court of the First Circuit on _____ at 8:15 a.m. or as soon thereafter as the parties can be heard.

YOU MUST APPEAR IN PERSON at the **FAMILY COURT, RONALD T.Y. MOON KAPOLEI COURTHOUSE, 4675 Kapolei Parkway, Third Floor, Kapolei, Hawai'i 96707,** then and there to show cause why the relief requested in the *Petition* should not be granted.

This *Petition* must be personally served on the Respondent(s) by 12 p.m. (noon) on _____.

YOU ARE HEREBY NOTIFIED that your written *Answer* must be filed with the Office of the Chief Court Administrator, c/o Legal Documents Branch, whose location and mailing address is: Ronald T.Y. Moon Kapolei Courthouse, 4675 Kapolei Parkway, Kapolei Parkway, Kapolei, Hawai'i, 96707, or Ka'ahumanu Hale, 777 Punchbowl Street, Honolulu, Hawai'i, 96813.

A filed copy of your written *Answer* should also be served upon the Petitioner's attorney, or if the Petitioner is not represented by an attorney, upon the Petitioner at the address shown on the *Petition* and should also be served on all other Respondent(s).

IF YOU FAIL TO FILE AN ANSWER to the *Petition*, or **FAIL TO APPEAR** at Family Court as summoned, judgment by default may be entered against you for adjudication of paternity, child custody, child visitation, child support, past child support, medical debt, welfare agency debt, income assignment and other relief requested in the *Petition*, without further notice to you. Further, if you fail to appear, the Court may fine you and/or issue a bench warrant for your arrest.

THIS SUMMONS SHALL NOT BE PERSONALLY DELIVERED BETWEEN 10:00 P.M. AND 6:00 A.M. ON PREMISES NOT OPEN TO THE PUBLIC, UNLESS A JUDGE OF THE DISTRICT OR CIRCUIT COURT PERMITS, IN WRITING ON THE SUMMONS, PERSONAL DELIVERY DURING THOSE HOURS.

IF YOU ARE INCARCERATED on the date of your court hearing, you will **not** be automatically transported to the Family Court. You must either (1) make your own arrangements with your secured facility; or (2) obtain authorization from the Court prior to your court date. (Send a written request entitled, "Ex Parte Request for Transport of Incarcerated Party," state the full case name and number, hearing date and time, place of incarceration, and your name to the **SPECIAL DIVISION CALENDARING CLERK, FAMILY COURT, Ronald T.Y. Moon Kapolei Courthouse, 4675 Kapolei Hawai'i 96707**, in sufficient time for the Court to respond to your request.

DATED: _____, Hawai'i, _____.
(City) (Date)

CLERK OF THE ABOVE-ENTITLED COURT

PRINTED COURT CLERK'S 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. 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.*