

STATE OF HAWAII FAMILY COURT FIRST CIRCUIT	CASE ID/NUMBER FC-PA No. _____
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**DECLARATION OF INTENT
TO SERVE BY MAIL**

☐ Child Support Enforcement Agency, State of
Hawaii, and

☐ Mother ☐ Father ☐ Caretaker
PETITIONER(S),
v.

☐ Mother ☐ Father ☐ Caretaker

☐ Mother ☐ Father ☐ Caretaker
☐ and Child Support Enforcement Agency,
State of Hawaii,
RESPONDENT(S).

COURT USE ONLY

This document was prepared by:
☐ Petitioner, Self-Represented Litigant
☐ Respondent, Self-Represented Litigant
☐ Attorney for ☐ Petitioner ☐ Respondent

Name _____

Address _____

City, State, Zip Code _____

Telephone/Cell Phone Number _____

E-Mail Address _____

DECLARATION OF INTENT TO SERVE BY MAIL

I am the ☐ Petitioner ☐ Respondent in this action and intent to serve the below named party by certified mail, return receipt requested, restricted delivery with the following documents:

☐ Petition for Paternity or For Custody, Visitation, and Support Order

☐ Summons

☐ Motion After Judgment or Order and Declaration; Hearing Schedule Order

☐ Amended Order for Hearing on Motion

☐ Attachments:

- ☐ Attachment for Information on
- ☐ Additional Child(ren)
- ☐ Paternity Financial Information Sheet
- ☐ Hawaii Paternity Action Information

- ☐ Proposed Parenting Plan
- ☐ Birth Certificates of Child(ren)
- ☐ Child Support Guidelines Worksheet
- ☐ Last Three (3) Pay Stubs

☐ Other: _____

☐ _____

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<p>To my best information and belief, the below named party resides outside of the First Circuit (Island of O'ahu), State of Hawai'i, and receives mail at the following address:</p> <p>Name of Person to be Served: _____</p> <p>Address: _____</p> <p>City, State, Zip Code: _____</p> <p>I do declare under the penalty of law that the foregoing is true and correct.</p>		
DATE	SIGNATURE 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. 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.*