

\_\_\_\_\_  
Name (and if appropriate, Attorney No.)

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Telephone No.

\_\_\_\_\_  
E-Mail Address

☐ Self-Represented   ☐ Attorney for  
☐ Petitioner   ☐ Respondent   ☐ Other

IN THE FAMILY COURT OF THE FIRST CIRCUIT

STATE OF HAWAI‘I

<input type="checkbox"/> CHILD SUPPORT ENFORCEMENT	)	FC-PA No. _____
AGENCY. STATE OF HAWAI‘I. AND	)	
	)	HEARING SCHEDULING ORDER
	)	
_____ <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other	)	
PETITIONER(S),	)	
v.	)	
	)	
	)	
_____ <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other	)	
	)	
	)	
_____ <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other	)	
	)	
	)	
<input type="checkbox"/> CHILD SUPPORT ENFORCEMENT	)	
AGENCY, STATE OF HAWAI‘I	)	
RESPONDENT(S).	)	

Hearing Scheduling Order

IT IS HEREBY ORDERED as follows:

- ☐ 1. All parties shall appear at the Family Court of the First Circuit, Ronald T.Y. Moon Kapolei Courthouse, Third Floor, 4675 Kapolei Parkway, Kapolei, Hawai‘i, for a hearing on this Motion on:  
THURSDAY, \_\_\_\_\_ at ☐ 8:00 A.M. ☐ 1:00 P.M.

- [    ] 2. This Motion must be personally served on the Respondent(s) (other parties) by 12:00 p.m. (noon) on \_\_\_\_\_.

If service is made other than by personal service outside of First Circuit (O‘ahu), this Motion must be served on the Respondent(s) at least twenty (20) calendar days (including weekends and holiday) prior to the scheduling hearing date.

If service is not timely made by personal service or mail, the Movant shall appear before the Family Court on the date and time set forth above and state the reasons why. A new hearing may then be set.

- [    ] 3. The Respondent(s) shall, by 12:00 p.m. (noon) on Friday before the scheduled hearing on this Motion, file with the Court and provide to the Movant and the Child Support Enforcement Agency (CSEA), a written response to this Motion, and if custody and/or child support is at issue, a copy of his/her current FINANCIAL INFORMATION SHEET or INCOME AND EXPENSE and ASSET AND DEBT STATEMENTS and copies of his/her three (3) most recent pay statements.

DATED: [    ] Kapolei, [    ] Honolulu, Hawai‘i, \_\_\_\_\_.  
(Date)

\_\_\_\_\_  
CLERK OF THE ABOVE-ENTITLED COURT

Print 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](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.*