

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

\_\_\_\_\_  
Address

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

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

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

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

IN THE FAMILY COURT OF THE FIRST CIRCUIT  
STATE OF HAWAI'I

☐ CHILD SUPPORT ENFORCEMENT ) CASE NO.: \_\_\_\_\_  
AGENCY, STATE OF HAWAI'I, AND )  
 ) PROOF OF SERVICE  
 )  
\_\_\_\_\_  
☐ Mother ☐ Father ☐ Other )  
PETITIONER(S), )  
v. )  
 )  
 )  
\_\_\_\_\_  
☐ Mother ☐ Father ☐ Other )  
 )  
 )  
\_\_\_\_\_  
☐ Mother ☐ Father ☐ Other )  
 )  
 )  
\_\_\_\_\_  
☐ CHILD SUPPORT ENFORCEMENT )  
AGENCY, STATE OF HAWAI'I )  
RESPONDENT(S). )  
\_\_\_\_\_

**FOR JEFS USERS:**

**Document Category: Service**

**Document Type: Proof of Personal Service**

**DOCKET CODE: PPS**

## PROOF OF SERVICE

I served a certified copy of each document identified on the next page by personal delivery to the following person(s):

PERSON(S) SERVED	DATE	TIME	PLACE

## DOCUMENTS SERVED

- ☐ Petition for Paternity or for Custody, Visitation, and Support Orders After Voluntary Establishment of Paternity
- ☐ Summons
- ☐ Motion for Relief After Judgment or Order and Declaration; Hearing Scheduling Order
- ☐ Amended Hearing Scheduling Order
- ☐ Motion and Declaration to Modify Child Support and Attachments
- ☐ Attachments

☐ Attachment for Information on  
Additional Children

☐ Paternity Financial Information Sheet

☐ Hawai'i Paternity Action Information

☐ Proposed Parenting Plan

☐ Birth Certificate of Child(ren)

☐ Child Support Guidelines Worksheet

☐ Pay Stubs

☐ Notice to Attend Kids First

☐ \_\_\_\_\_

- ☐ **UNSERVED DOCUMENTS:** I certify that, despite due and diligent search, I was to locate the person to be served, and therefore the attached documents are being returned as unserved.

**PLEASE EXPEDITE RETURN OF SERVICE TO FAMILY COURT**

**COMMENTS:**

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\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of ☐ Server/Sheriff ☐ Police Officer

Print Name: \_\_\_\_\_

Badge ID/Number: \_\_\_\_\_



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](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 (808)954-8290 if you have any questions about forms or procedures.*