
Name (and Attorney No. if applicable)

Address

City, State, Zip Code

Telephone/Cell Phone 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 HAWAI'I

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

) PROOF OF SERVICE

 Mother Father Caretaker)

v.)
 PETITIONER(S))

 Mother Father Caretaker)

 Mother Father Caretaker)

and Child Support Enforcement Agency,)
 State of Hawai'i,)

)
 RESPONDENT(S).)
 _____)

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 an diligent search, I was unable to locate the person to be served, and therefore the attached documents are being returned as unserved.

COMMENTS:

PLEASE EXPEDITE RETURN OF SERVICE TO FAMILY COURT

_____ 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 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.