

STATE OF HAWAI'I FAMILY COURT FIRST CIRCUIT	CASE ID/NUMBER FC-PA No. _____
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**STATEMENT OF MAILING;  
EXHIBITS 1 and 2**

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

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Mother     Father     Caretaker  
PETITIONER(S),  
v.

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Mother     Father     Caretaker

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Mother     Father     Caretaker  
 and Child Support Enforcement Agency,  
State of Hawai'i,  
RESPONDENT(S).

COURT USE ONLY

This document was prepared by:  
 Petitioner, Self-Represented Litigant  
 Respondent, Self-Represented Litigant  
 Caretaker/Other\*, Self-Represented Litigant  
 Attorney for  Petitioner  Respondent

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Name \_\_\_\_\_

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Address \_\_\_\_\_

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

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Telephone/Cell Phone Number \_\_\_\_\_

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

\*Relationship of Caretaker/Other to the child(ren): \_\_\_\_\_

STATEMENT OF MAILING

I am the  Petitioner  Respondent  Caretaker/Other in this action and represent that I mailed one certified copy of each of the following documents:

- Petition for Paternity or for Custody, Visitation, and Support Orders After Voluntary Establishment of Paternity and Attachments; Summons
- Motion for Relief After Judgment or Order and Declaration and Attachments
- Amended Hearing Scheduling Order
- Order Setting Hearing or Trial
- Income Withholding Order/Notice of Support
- \_\_\_\_\_

by certified or registered mail, return receipt requested,  restricted delivery to addressee

STATE OF HAWAI'I FAMILY COURT FIRST CIRCUIT	<b>STATEMENT OF MAILING EXHIBITS 1 and 2</b>	CASE ID/NUMBER FC-PA No. _____
<p style="text-align: center;">as follows:</p> <p>NAME: _____</p> <p>ADDRESS: _____</p> <p>CITY, STATE, ZIP CODE: _____</p> <p style="text-align: center;">At the time of mailing, the receipt attached hereto as Exhibit "1" was postmarked and dated. Thereafter, the return receipt attached as Exhibit "2" was received.</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](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.*

STATE OF HAWAI'I FAMILY COURT FIRST CIRCUIT	<b>EXHIBITS 1 and 2</b>	CASE ID/NUMBER FC-PA No. _____
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EXHIBIT 1

EXHIBIT 2