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| STATE OF HAWAI'I FAMILY COURT THIRD 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

Mother Father Caretaker
PETITIONER(S),
v.

Mother Father Caretaker

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

Name _____

Address _____

City, State, Zip Code _____

Telephone/Cell Phone Number _____

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

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| STATE OF HAWAI'I FAMILY COURT THIRD CIRCUIT | STATEMENT OF MAILING EXHIBITS 1 and 2 | 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 at (808) 961-7629, fax (808) 961-7577, or send an e-mail to adarequest@courts.hawaii.gov.

Please call the Family Court if you have any questions about the forms or procedures: Hilo (808) 961-7500, Kona (808) 443-2112.

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EXHIBIT 1

EXHIBIT 2