

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

\_\_\_\_\_  
Address

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

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

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

[ ] Self-Represented [ ] Attorney for

☐ Petitioner ☐ Respondent

☐ \_\_\_\_\_

IN THE FAMILY COURT OF THE FIRST CIRCUIT

STATE OF HAWAII

IN THE MATTER OF

) FC-M No. \_\_\_\_\_

)

) ORDER CONTINUING HEARING ON

) THE PETITION FOR ASSISTED

) COMMUNITY TREATMENT FOR

) APPOINTMENT OF GUARDIAN AD

Respondent.

) LITEM

Birthdate: \_\_\_\_\_

)

[ ] Male [ ] Female [ ] Other

)

) Presiding Judge: \_\_\_\_\_

[ ] a Minor.

)

) Hearing Date: \_\_\_\_\_

ORDER CONTINUING HEARING ON THE PETITION FOR  
ASSISTED COMMUNITY TREATMENT FOR APPOINTMENT OF GUARDIAN AD LITEM

Present:

[ ] \_\_\_\_\_, Petitioner

[ ] \_\_\_\_\_, Respondent

[ ] \_\_\_\_\_, \_\_\_\_\_

[ ] \_\_\_\_\_, \_\_\_\_\_

[ ] \_\_\_\_\_, \_\_\_\_\_

[ ] \_\_\_\_\_, \_\_\_\_\_

[ ] \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_. Respondent was duly served, but did not appear. Three calls were made for Respondent with no response.

\_\_\_\_. The following person(s) was/were duly served, but did not appear:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_. The following person(s) was/were not served: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

The above-entitled matter came on for hearing on \_\_\_\_\_  
before the Honorable \_\_\_\_\_. Upon ☐ finding Respondent does  
not have a guardian and/or ☐ finding of good cause, the Court continues this proceeding  
and HEREBY ORDERS that Respondent be appointed a guardian ad litem and the parties  
shall return for further hearing to be held on: \_\_\_\_\_.

(Date and Time of Hearing)

HRS §334-125(a)(3) as amended by Act 58 of the 2021 Legislative Session.

\_\_\_\_ The Court further orders that: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATED: Kapolei, Hawai'i, \_\_\_\_\_.

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

Print Judge's Name: \_\_\_\_\_

c: _____	Petitioner(s)	_____	Guardian ad Litem	_____	_____
_____	Attorney for Petitioner(s)	_____	Attorney for Respondent	_____	_____
_____	Respondent	_____	_____	_____	_____
_____	Guardian	_____	_____	_____	_____



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.*