

**CERTIFICATE OF SERVICE**

<b>STATE OF HAWAI'I FAMILY COURT OF THE THIRD CIRCUIT</b>	
Plaintiff	Case Number:  FC-D No.
Defendant	Filing Party's Name, Address, and Phone No.
Name of Document(s) and Filing Date:	

**CERTIFICATE OF SERVICE**

I certify that on (date) \_\_\_\_\_ I served one (1) copy of the above-named document(s) on all parties, or their attorney(s) if applicable, by mail, postage prepaid addressed as follows:

Date:	Signature of Filing Party:  Print/Type Name:
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In accordance with the Americans with Disabilities Act and other applicable state and federal laws, if you require a reasonable accommodation for a disability, please contact the ADA Coordinator at the Family Court Administration Office at PHONE NO. (808) 961-7629, FAX (808) 961-7577, or email [adarequest@courts.hawaii.gov](mailto:adarequest@courts.hawaii.gov) at least ten (10) working days prior to your hearing or appointment date.