Name	
Address	
City, State, Zip Code	
Telephone Number [] Plaintiff [] Attorney for Plaintiff	
	RT OF THE THIRD CIRCUIT OF HAWAI`I
	FC-D No
Plaintiff, vs.	MOTION FOR SERVICE BY PUBLICATION; DECLARATION OF PLAINTIFF
Plaintiff moves pursuant to HRS 58 4(e)(3)(i) and 88 for an order setting the ti and authorizing notice of the pendency of	ice to defendant to his/her last known address
Dated:	_, Hawai`i,
	[] Plaintiff [] Attorney for Plaintiff

Name	_	
Address	_	
City, State, Zip Code	_	
Telephone Number [] Plaintiff [] Attorney for Plaintiff	_	
IN THE FA		T OF THE THIRD CIRCUIT OF HAWAI`I
		FC-D No
VS.	Plaintiff,	DECLARATION OF PLAINTIFF
	Defendant,	
	<u>DECLARA</u>	TION OF PLAINTIFF
STATE OF HAWAI`I		
COUNTY OF HAWAI`		
I, Plaintiff, in the above	e-entitled acti	on, declare the following:
		t above named; that I last saw Defendant on
; that the la		of Defendant known to myself, the Plaintiff, is
and Summons in the above of		a certified copy of the Complaint for Divorce ailed to Defendant at the foregoing address

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by certified (registered) mail; return receipt requested, and was returned all as set forth

in the Statement of Mailing heretofore filed in the above cause (attached hereto and

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ncorporated hereir	by reference); that I	have no other information as to the
whereabouts of De	fendant, nor any info	ormation as to any other person who knows or
might know the who	ereabouts of Defenda	ant after making requests for such information of
he following friend	s and relatives of De	fendant, to wit:
		· · · · · · · · · · · · · · · · · · ·
That I have	made a due and reas	sonable inquiry and search for not less than
ifteen (15) days ar	nd do not know and h	nave not been able to ascertain the actual
address or residen	ce of Defendant.	
I swear under pe	enalty of perjury that	the information in this motion and all of the
ittachments to it ar	e true, correct, and c	complete to the best of my knowledge and belief.
Dated:	(City and State)	, (Date)
	(,	ζ=/
		Digintiff's Cignoture
		Plaintiff's Signature
		Print Plaintiff's Name

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