

STATE OF HAWAII FAMILY COURT THIRD CIRCUIT		CASE NUMBER FC-D NO. _____		COURT USE ONLY		
[] PLAINTIFF'S [] DEFENDANT'S EXHIBIT LIST						
PLAINTIFF		Attorney for Plaintiff (Name, Address, Phone No., & E-Mail Address)				
DEFENDANT		ATTORNEY FOR Defendant (Name, Address, Phone No., & E-Mail Address)				
				DATE(S) OF TRIAL OR HEARING		
				PREPARING CLERK(S)		
				JUDGE		
EXHIBIT NO. [] PLAINTIFF [] DEFENDANT [] OTHER	OFFERED FOR IDENTIFICATION	RECEIVED IN EVIDENCE	WITHDRAWN	DESCRIPTION OF EXHIBIT		DATE R = RETURNED D = DESTROYED OTHER COMMENTS
FOR OFFICE USE ONLY						
LOCATION OF EXHIBITS						
<input type="checkbox"/> Attached _____ <input type="checkbox"/> Shelf No. _____ <input type="checkbox"/> Code No. _____ <input type="checkbox"/> Other _____						
DATE:		RECEIVED:			PAGE ____ OF ____ PAGES	



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 at least ten (10) working days prior to your hearing or appointment date.

STATE OF HAWAII FAMILY COURT THIRD CIRCUIT		[] PLAINTIFF'S [] DEFENDANT'S EXHIBIT LIST CONTINUATION SHEET			CASE ID/NUMBER 	
EXHIBIT NO. [] PLAINTIFF [] DEFENDANT [] OTHER	OFFERED FOR IDENTIFICATION	RECEIVED IN EVIDENCE	WITHDRAWN	DESCRIPTION OF EXHIBIT	DATE R = RETURNED D = DESTROYED OTHER COMMENTS	
PAGE ____ OF ____ PAGES						