| STATE OF HAWAI'I | ANSWER TO COMPLAINT FOR DIVORCE | | |
|---|------------------------------------|---------------------------|-------------------------------|
| FAMILY COURT THIRD CIRCUIT | | | FC-D No |
| | | This document is prepared | by: Attorney for Defendant |
| | | Name | |
| ۷. | PLAINTIFF | Address | |
| | | City, State, Zip Code | |
| | DEFENDANT | Telephone Numbers | |
| COMES NOW the above-named Defendant, having received and reviewed a certified filed copy of the <i>Complaint for Divorce; Automatic Restraining Order; and Summons to Answer the Complaint</i> and hereby answers, as follows: | | | |
| 1. Defendant agrees with paragraph(s)#: | | | of the Complaint for Divorce. |
| 2. Defendant disagrees with paragraph(s)#: | | | of the Complaint for Divorce. |
| 3. Defendant requests the following relief: | | | |
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| 4. Defendant denies anything stated in the <i>Complaint for Divorce</i> that has not been specifically admitted or denied above. | | | |
| DATE SIGNATURE OF ATTORNEY FOR DEFENDANT | | | |
| 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. | | | |
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