

STATE OF HAWAII FAMILY COURT FIRST CIRCUIT		CASE ID/NUMBER _____
PROPOSED <input type="checkbox"/> AMENDED <input type="checkbox"/> SUPPLEMENTAL EXHIBIT LIST		
Petitioner	Attorney for Petitioner (Name, Address, Phone No. & E-Mail Address)	DATE(S) OF TRIAL OR HEARING
Respondent	Attorney for Respondent (Name, Address, Phone No. & E-Mail Address)	PREPARING CLERK(S)
		JUDGE

NOTE: JEFS USERS/SELF REPRESENTED PARTIES DO NOT FILE THIS PROPOSED DOCUMENT/EXHIBIT LIST/EXHIBITS

DROP OFF 2 COPIES OF EXHIBIT LIST AND 2 COPIES OF THE EXHIBITS AT HO'OKELE (Windows 5-9)

STATE OF HAWAII FAMILY COURT FIRST CIRCUIT		CASE ID/NUMBER _____				
[] AMENDED [] SUPPLEMENTAL EXHIBIT LIST						
Petitioner		Attorney for Petitioner (Name, Address, Phone No., Fax No. & E-Mail Address)				
Respondent		Attorney for Respondent (Name, Address, Phone No., Fax No. & E-Mail Address)				
						DATE(S) OF TRIAL OR HEARING
						PREPARING CLERK(S)
						JUDGE
EXHIBIT NO. ___ Petitioner ___ Respondent ___ _____	OFFERED FOR IDENTIFICATION	RECEIVED IN EVIDENCE	OVER OBJECTION	WITHDRAWN	DESCRIPTION OF EXHIBIT	DATE R = RETURNED D = DESTROYED OTHER COMMENTS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		

FC Adm 7/25/22

PAGE ___ OF ___ PAGES

(AMENDED/SUPPLEMENTAL) EXHIBIT LIST for DA cases

Docket Code: EL



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 (808)954-8200, fax (808)954-8308, or send an e-mail to 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 TRO Unit at (808)538-5959 if you have any questions about forms or procedures.

STATE OF HAWAII
FAMILY COURT
FIRST CIRCUIT

[] AMENDED [] SUPPLEMENTAL
**EXHIBIT LIST
CONTINUATION SHEET**

CASE ID/NUMBER

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