

STATE OF HAWAII FAMILY COURT FIRST CIRCUIT	CASE ID/NUMBER _____
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**Proposed Order for Ex Parte Motion  
for Service by Mail and Declaration**

(Full Name) PLAINTIFF,  
v.

(Full Name) DEFENDANT.

This document is prepared by  
☐ Self-Represented ☐ Plaintiff ☐ Defendant  
☐ Attorney for ☐ Plaintiff ☐ Defendant

\_\_\_\_\_  
Name (and if applicable, Attorney No.)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Telephone Number Fax Number

\_\_\_\_\_  
E-Mail Address

**For NON-JEFS Users:**

**Proposed Order for Ex Parte Motion for Service by Mail and Declaration**

I request that I be provided with a filed copy of the attached document in the following manner:

- ☐ **MAIL** I have submitted, herewith (how many) \_\_\_\_\_ self-addressed, postage prepaid envelope(s).  
*(I understand that the Court WILL NOT supplement cost of postage.)*
- ☐ **PICK UP** I will return to PICK UP a copy from HO'OKELE, the FAMILY COURT SERVICE CENTER in  
☐ Kapolei ☐ Honolulu when notified by the Court and/or the following person is  
 authorized to pick up the document on my behalf with a photo ID:  
 \_\_\_\_\_.
- ☐ **ON OWN** I will PRINT, at my own expense, a copy from the Judiciary, State of Hawai'i, website -  
 eCourt\*Kokua (<https://www.courts.state.hi.us>)  
*(Estimated cost: \$3.00 per document, or 10 cents per page, whichever is greater. Certified  
 copy is \$2.00 additional per document.)*  
**Note:** Confidential Cases are not accessible on eCourt Kōkua.

**For JEFS Users:**


I acknowledge that I am responsible for printing any copies I need or requesting copies from the Court.

Date	Your Signature	Print Your Name
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FC Adm 10/06/22

**FOR JEFS USERS:**  
**Document Category:** Order  
**Document Type:** Proposed Order

PROPOSED COVER SHEET  
 DOCKET CODE: PROD

 RG-AC-508(10/2022) WF

STATE OF HAWAII FAMILY COURT FIRST CIRCUIT	CASE ID/NUMBER _____
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**Order ☐ Granting ☐ Denying Ex Parte  
Motion for Service by Mail and Declaration**

(Full Name) PLAINTIFF,  
v.  
  
(Full Name) DEFENDANT.

This document is prepared by  
☐ Self-Represented ☐ Plaintiff ☐ Defendant  
☐ Attorney for ☐ Plaintiff ☐ Defendant

\_\_\_\_\_  
Name (and if applicable, Attorney No.)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
E-Mail Address

**ORDER ☐ GRANTING ☐ DENYING  
EX PARTE MOTION FOR SERVICE BY MAIL AND DECLARATION**

- ☐ The Ex Parte Motion for Service by Mail and Declaration is DENIED.
- ☐ The Ex Parte Motion for Service by Mail and Declaration is GRANTED. IT IS HEREBY ORDERED that service herein shall be made by forwarding filed copies of the following document(s):
- ☐ Complaint for Divorce; Automatic Restraining Order; Summons to Answer Complaint;
  - ☐ Motion and Declaration for Pre-Decree Relief and Attachment(s);
  - ☐ Scheduling Order for Pre-Decree Relief;
  - ☐ Motion and Declaration for Post-Decree Relief and Attachment(s);

☐ Scheduling Order for Post-Decree Relief;

☐ \_\_\_\_\_

☐ \_\_\_\_\_

and of this Order to the ☐ Plaintiff ☐ Defendant by registered or certified mail with return receipt requested and a direction to deliver to addressee only. The return receipt signed by ☐ Plaintiff ☐ Defendant shall be prima facie evidence that the ☐ Plaintiff ☐ Defendant accepted delivery of the above-named document(s) on the date set forth on the receipt. Actual receipt by the party of the above-named document(s) sent in accordance with this Order shall be equivalent to personal service by an authorized process server as of the date of receipt.

DATED: Kapolei, Hawai'i, \_\_\_\_\_.

\_\_\_\_\_  
JUDGE OF THE ABOVE-ENTITLED COURT

Print Judge's Name: \_\_\_\_\_



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](mailto: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 or need an interpreter.*