STATE OF HAWAI'I FAMILY COURT FIRST CIRCUIT	CASE ID/NUMBER	
[] AMEND [] DISS	DECLARATION TO SOLVE [] EXTEND THE ERTIFICATE OF SERVICE	
	Petitioner, v.	This Motion is submitted by: [] Self-Represented □ Petitioner □ Respondent [] Attorney for □ Petitioner □ Respondent Name (and if applicable, Attorney No.) Address City, State, Zip Code Telephone Number Fax Number
	Respondent.	E-Mail Address
7(b)(1) of the Hawai'i Fa	amily Court Rules, and Rule 7(§	6-9 of the Hawai'i Revised Statutes, Rules 6(d) and g) of the Rules of Circuit Courts for modification of .

FC Adm 7/18/22

FOR JEFS USERS: DOCUMENT CATEGORY: Motion DOCUMENT TYPE: Mot to Amd/

Extend/Dissolve EO ____

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Motion & Declaration to Amend/Dissolve/Extend the Existing Order (SELF)

DOCKET CODE: MTAD

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ereby solemn	ly and sincerely	declare, under penalty	of perjury, that the stat	ements made h
-		declare, under penalty f my belief, information		ements made h
true and cor	rect to the best of	f my belief, information	and knowledge.	
-	rect to the best of	f my belief, information		
true and cor	rect to the best of	f my belief, information	and knowledge.	
true and cor	(City)	f my belief, information ,, (State)	(Date)	
true and cor	(City)	f my belief, information ,, (State) ant's Signature:	and knowledge.	·

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Motion & Declaration to Amend/Dissolve/Extend the Existing Order (SELF)

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 or need an interpreter.

STATE OF HAWAII
FAMILY COURT
FIRST CIRCUIT

CERTIFICATE OF SERVICE

CASE ID/NUMBER	
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•		-	ent was [] electron	•	duly mailed
postage prepaid	on the date noted be	low to the followin	g individual address	ed as follows:	
	Name:				
	Address:				
	City, State, Zip Co				
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DITIED.	(City)	(State)	(Da	te)	_•
		Signature:			
		1 1 mic 1 (dille).	[] Petitioner [] Respondent	