

STATE OF HAWAI'I FAMILY COURT FIRST CIRCUIT	CASE ID/NUMBER <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>	
<b>PROPOSED NOTICE OF HEARING</b>		
<div style="text-align: center; margin-top: 100px;">           Petitioner,             v.             Respondent.         </div>	<p>This document is prepared by</p> <p>[    ] Self-Represented    [    ] Petitioner    [    ] Respondent</p> <p>[    ] Attorney for    [    ] Petitioner    [    ] Respondent</p> <hr/> <p>Name (and if applicable, Attorney No.)</p> <hr/> <p>Address</p> <hr/> <p>City, State, Zip Code</p> <hr/> <p>Telephone Number                      Fax Number</p> <hr/> <p>E-Mail Address</p> <hr/>	
<p>I request that I be provided with a filed copy of the attached document in the following manner:</p> <p><input type="checkbox"/> <b>MAIL</b>    I have submitted, herewith <u>(how many)</u> self-addressed, postage prepaid envelope(s).  <i>(I understand that the Court WILL NOT supplement cost of postage.)</i></p> <p><input type="checkbox"/> <b>PICK UP</b>    I will return to PICK UP a copy from HO'OKELE, the FAMILY COURT SERVICE CENTER in Kapolei when notified by the Court.</p> <p><input type="checkbox"/> <b>ON OWN</b>    I will PRINT, at my own expense, a copy from the Judiciary, State of Hawai'i, website - eCourt*Kōkua (<a href="https://www.courts.state.hi.us">https://www.courts.state.hi.us</a>)  <i>(Estimated cost: \$3.00 per document, or 10 cents per page, whichever is greater. Certified copy is \$2.00 additional per document.)</i>  <b>Note:</b> Confidential Cases are not accessible on eCourt Kōkua.</p>		
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FC Adm 7/18/22


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**Document Type: Proposed Document**

PROPOSED NOTICE OF HEARING

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 RG-AC-508(10/2022) WF

1F-P-3045

STATE OF HAWAI'I  
FAMILY COURT  
FIRST CIRCUIT

CASE ID/NUMBER  
\_\_\_\_\_

NOTICE OF HEARING

Petitioner,  
  
v.  
  
Respondent.

This document is prepared by

[ ☐ ] Self-Represented ☐ Petitioner ☐ Respondent  
[ ☐ ] Attorney for ☐ Petitioner ☐ Respondent

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

\_\_\_\_\_  
Address

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

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

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

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

**TO:** Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

You are hereby notified that the **Motion and Declaration to Amend, Dissolve, or Extend Existing Order**, which has been filed, will be heard before the Presiding Judge in the Family Court, First Circuit, Third Floor, of the Ronald T.Y. Moon Kapolei Courthouse, at 4675 Kapolei Parkway, Kapolei, Hawai'i, on

\_\_\_\_\_ at ☐ 7:45 a.m. ☐ 1:00 p.m. or as soon thereafter as the case can be heard.

You must appear at the hearing with or without an attorney. If you fail to appear at the hearing, the relief requested in the attached motion may be granted without further notice to you.

**IF YOU ARE INCARCERATED** on the date of your court hearing, you will **not** automatically be transported to the Family Court or automatically be able to appear virtually or by telephone. You must either: (1) make your own arrangements with your secured facility; or (2) send a written request entitled, “Ex Parte Request for Transport of Incarcerated Party,” to the Court; or (3) contact the Court at (808)954-8150 or send a written request to appear by Zoom, WebEx, or by telephone. All written requests must state the reason transport to the Court is not available, the full names of the Petitioner(s) and Respondent(s), the case number(s), the hearing date and time, the place of your incarceration, and your name to the **SPECIAL DIVISION CALENDAR CLERK, FAMILY COURT, Ronald T.Y. Moon Kapolei Courthouse, 4675 Kapolei Parkway, Kapolei, HI, 96707-3272**. Any request, written or otherwise, should be submitted in sufficient time for the Court to respond to your request.

DATED: \_\_\_\_\_,  
(City) (State) (Date)

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

Print Clerk’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 538-5959 if you have questions or are in need of an interpreter.***