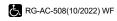
STATE OF HA FAMILY CO FIRST CIRC	URT	CASE ID/NUMBER			
PROPOSED NOTICE OF HEARING					
				ument is prepared by	
Petitioner,			[ ] Atto	Represented Petitioner Respondent Petitioner Respondent Respondent	
v.			Name (and Address	if applicable, Attorney No.)	
			City, State,	Zip Code	
		Respondent.	Telephone  E-Mail Ad		
		respondent.			
I reques	t that I b	e provided with a filed copy of th	ne attached	I 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 when notified by the Court.				
□ on own	I will PRINT, at my own expense, a copy from the Judiciary, State of Hawaiʻi, website - eCourt*Kōkua (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.				
Date		Your Signature		Print Your Name	

FC Adm 7/18/22 FOR JEFS USERS:

Document Category: Document Document Type: Proposed Document

PROPOSED NOTICE OF HEARING DOCKET CODE: PDOC



1F-P-3045

STATE OF HAWAI'I FAMILY COURT FIRST CIRCUIT	CASE ID/NUMBER	
NOTICE (	OF HEARING	
		This document is prepared by  [ ] Self-Represented □ Petitioner □ Respondent
	Petitioner, v.	Attorney for   Petitioner   Respondent
		Address  City, State, Zip Code
	Respondent.	Telephone Number Fax Number  E-Mail Address
		E-iviali Address
TO: Name:		
Order, which has been fi	iled, will be heard before the Pro . Moon Kapolei Courthouse, at	claration to Amend, Dissolve, or Extend Existing esiding Judge in the Family Court, First Circuit, Third 4675 Kapolei Parkway, Kapolei, Hawai'i, on 0 p.m. or as soon thereafter as the case can be heard.
• •	the hearing with or without an a motion may be granted without	attorney. If you fail to appear at the hearing, the relief t further notice to you.

FC Adm 7/18/22

Page 1 of 2 pages

NOTICE OF HEARING (SELF)
DOCKET CODE: NOH

1F-P-3045

IF YOU ARE INCARCERATED on the date of your court hearing, you will <u>not</u> 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)				
		Print Clerk's Name:	CLERK OF THE ABOVE-ENTITLED COURT				

FC Adm 4/4/22 Page 2 of 2 pages NOTICE OF HEARING (SELF)

1F-P-3045



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 538-5959 if you have questions or are in need of an interpreter.