STATE OF HAWAI'I FAMILY COURT FIRST CIRCUIT	CASE ID/NUMBER	
MOTION AND DECLARATION TO [] AMEND [] DISSOLVE [] EXTEND THE EXISTING ORDER; CERTIFICATE OF SERVICE		
	Petitioner,	This Motion is submitted by:
on behalf of	rennonei,	[] Self-Represented □ Petitioner □ Respondent
		[] Attorney for \square Petitioner \square Respondent
		Name (and if applicable, Attorney No.)
		Address
	Subject(s)	
	V.	City, State, Zip Code
		Telephone Number Fax Number
	Respondent.	E-Mail Address
The undersigned r	noves. pursuant to Section 586-	9 of the Hawai'i Revised Statutes, Rules 6(d) and
_	-) of the Rules of Circuit Courts for modification of
the existing order filed on	l	
Facts supporting this a	application are as follows:	
-		

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FOR JEFS USERS:

FC Adm 8/1/22

DOCUMENT CATEGORY: Motion

DOCUMENT TYPE: Mot To Amd/Extend/Dissolve EO

Motion & Declaration to Amend/Dissolve/Extend the Existing Order (OBO) 1F-P-753A

DOCKET CODE: MTAD

hereby solemn	ly and sincerely (declare, under penalty	of perjury, that the sta	ntements made her
		declare, under penalty		ntements made her
re true and cor	rect to the best of	my belief, information	, and knowledge.	
		my belief, information		
re true and cor	rect to the best of	my belief, information	, and knowledge.	
re true and cor	(City)	my belief, information,	, and knowledge. (Date)	
re true and cor	(City)	my belief, information,	, and knowledge.	
re true and cor	(City)	my belief, information (State)	, and knowledge. (Date)	·

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Motion & Declaration to Amend/Dissolve/Extend the Existing Order (OBO)
1F-P-753A



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	

	•				
I hereby cer	tify that a copy of the	foregoing docume	ent was [] electron	ically served [duly mailed
postage prepaid	on the date noted belo	ow to the following	g individual addresse	ed as follows:	
	Name:				
Datade					
Dated	(City)	(State)	(Date)		•
		Signature:			
			[] Petitioner [] Respondent	