STATE OF HAY FAMILY COU FIRST CIRCU	URT				
PROPOS	SED NOTICE OF HEARING				
on behalf of	Petitioner,	This document is prepared by [] Self-Represented □ Petitioner □ Respondent			
	Subject(s) v.	[] Attorney for □ Petitioner □ Respondent Name (and if applicable, Attorney No.) Address City, State, Zip Code			
	Respondent.	Telephone Number Fax Number E-Mail Address			
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 when notified by the Court.				
□ on own	I will PRINT, at my own expense, a copy from the Judiciary, State of Hawai'i, 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 8/1/22 PROPOSED NOTICE OF HEARING

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Document Category: Document

Document Type: Proposed Document

DOCKET CODE: PDOC

STATE OF HAWAI'I	CASE ID/NUMBER			
FAMILY COURT				
FIRST CIRCUIT				
NOTICE (OF HEARING			
on behalf of	Petitione	This document is prepared by Self-Represented Petitioner Respondent		
		[] Attorney for \square Petitioner \square Respondent		
	Subject(v.	Name (and if applicable, Attorney No.) Address City, State, Zip Code Telephone Number Fax Number		
	Responder	nt. E-Mail Address		
TO: Name: Address:				
You are hereby notified that the Motion and Declaration to Amend, Dissolve, or Extend Existing Order which have been filed and 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 \$\square\$7:45 a.m. \$\square\$1:00 p.m. or as soon thereafter as the case may 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.				

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transported to the Fa 1) make your own a Request for Transport written request to ap to the Court is not a date and time, the p CLERK, FAMILY	amily Court arrangement ort of Incarc pear by Zoo available, the blace of you COURT, any request,	or automatically be about with your secured for erated Party," to the Com, WebEx, or by telepte Petitioner's/s' and Roar incarceration, and y Ronald T.Y. Moon K	e of your court hearing, you will <u>not</u> automatically be ble to appear virtually or by telephone. You must either: facility; or 2) send a written request entitled, "Ex Parte ourt; or 3) contact the Court at (808)954-8150 or send a hone. All written requests must state the reason transport respondent's full names, the case number(s), the hearing our name to the SPECIAL DIVISION CALENDAR (apolei Courthouse, 4675 Kapolei Parkway, Kapolei, should be submitted in sufficient time for the Court to
DATED:	(City)		(Date)
		Print Clerk's Name:	CLERK OF THE ABOVE-ENTITLED COURT

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1F-P-753B



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.