

# SERVING INSTRUCTIONS

1FDA: \_\_\_\_\_

File Date: \_\_\_\_\_

OSC: \_\_\_\_\_

INSTRUCTIONS TO: HONOLULU POLICE DEPARTMENT  
For U.S. Mainland: \_\_\_\_\_

Police Station: \_\_\_\_\_  
Law Enforcement

## START HERE. You are the PETITIONER.

PETITIONER: \_\_\_\_\_  
First Name Middle Initial(s) Last Name (Office Use Only: CJIS E-Court Kokua Excel)

RESPONDENT: \_\_\_\_\_  
First Name Middle Initial(s) Last Name (Office Use Only: CJIS E-Court Kokua Excel)

### Please provide **RESPONDENT's** information below.

Respondent's HOME Address: \_\_\_\_\_ Respondent's EMPLOYER Name and WORK Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone or Cell: \_\_\_\_\_ Work Phone: \_\_\_\_\_

SS Number: \_\_\_\_\_ [  ]Unknown Days/Hours of Work: \_\_\_\_\_

GENDER: [  ] Male ETHNICITY: CIRCLE: Black / Cambodian / Caucasian / Chinese / Filipino / Hawaiian / Hispanic /  
[  ] Female Japanese / Korean / Laotian / Portuguese / Puerto Rican / Samoan / Tongan /  
Vietnamese / Other: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ ' \_\_\_\_\_ " ft./in. WEIGHT: \_\_\_\_\_ lbs.

BUILD: [  ]Small [  ]Medium [  ]Large HAIR: Black/Brown/Blonde/Gray \_\_\_\_\_ EYES: Brown/Green/Blue/Hazel \_\_\_\_\_

COMPLEXION: [  ]Fair [  ]Medium [  ]Tan [  ]Dark APPEARANCE: [  ]Mustache [  ]Beard [  ]Glasses [  ]Goatee

TATTOO(s) Describe: \_\_\_\_\_

[  ] WEAPONS: \_\_\_\_\_ Access to firearms through [  ]family [  ]friends [  ]military  
[  ] MENTALLY ILL: [  ]Depression [  ]Bipolar Disorder [  ]Unknown Diagnosis [  ]Other \_\_\_\_\_  
[  ] ILLEGAL DRUGS: (specify) \_\_\_\_\_

Respondent may be located and served at: [  ]Home [  ]Work [  ]OCCC [  ]WCCC  
[  ]Other \_\_\_\_\_ [  ]Serve Administrator at Facility

If applicable: [  ]KICK-OUT [  ]Petitioner shall coordinate service with HPD (if no address is provided by Petitioner).

**PETITIONER Contact Number(s)** for HPD to contact you regarding service:

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

**PETITIONER PREFERENCE:** (if address provided)

I authorize ACSB II to email TRO Serving Packet to HPD.

I will take the TRO Serving Packet to HPD.

Date \_\_\_\_\_

Signature \_\_\_\_\_



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 (808)538-5959 if you have any questions or need an interpreter.*