
Name (and if appropriate, Attorney No.)

Address

City, State, Zip Code

Telephone No.

E-Mail Address

Self-Represented Attorney for
 Petitioner Respondent Interested Party

IN THE FAMILY COURT OF THE THIRD CIRCUIT

STATE OF HAWAI'I

IN THE MATTER OF _____) FC-M No. _____
)
) STATEMENT OF MAILING
)
)
)
)
Respondent.)
Birthdate: _____)
 Male Female Other)
)
 a Minor.)
_____)

STATEMENT OF MAILING

I REPRESENT THAT I cause one certified file-stamped copy of the:

- Petition for Assisted Community Treatment
- Notice of Intent to Discharge Respondent from Assisted Community Treatment
- Petition for Additional Period of Assisted Community Treatment
- _____

to be mailed by certified mail or registered mail, return receipt requested, deliverable to the

EXHIBIT “1”

EXHIBIT “2”