Name (and if appropriate, Attorney No.)	-
Address	_
City, State, Zip Code	-
Telephone No.	_
E-Mail Address [] Self-Represented [] Attorney for □ Petitioner □ Respondent □ Interested Pa	rty
IN THE FAMILY COURT OF	THE THIRD CIRCUIT
STATE OF H	HAWAI'I
IN THE MATTER OF)) () () () () () () () () () () () ()	STATEMENT OF MAILING
)	
STATEMENT O	F MAILING
I REPRESENT THAT I cause one certifie	<u>d</u> file-stamped copy of the:
☐ Petition for Assisted Community Treatment	
☐ Notice of Intent to Discharge Respondent fro	
☐ Petition for Additional Period of Assisted Cor	nmunity Treatment

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

	Nan	ne of Person Mail is A	dressed to	
		Address		
		City, State, Zip C	ode	
	_	•	hereto as Exhibit "1" was po	ostmarked a
ted. There	eafter, the return	receipt attached as	Exhibit "2" was received.	
ATED:	(City)	,,,,	 (Date)	
	(Oity)	(Glate)	(Bate)	
			elf Represented [] Attorne	-
		i i Petitioner i IRe	spondent $\ \square$ Interested Part	I V



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 at (808) 961-7629, FAX (808) 961-7577 or send an e-mail to adarequest@courts.hawaii.gov. The ADA Coordinator will try to provide, but cannot guarantee, the requested auxiliary aid, service, or accommodation.

FC Adm 4/21/21 Page 2 of 3 pages STATEMENT OF MAILING 3C-P-560

EXHIBIT "1"

EXHIBIT "2"