
Name (and Attorney No. if applicable)

Address

City, State, Zip Code

Telephone/Cell Phone Number

E-Mail Address

Attorney for Minor

State Agency

IN THE FAMILY COURT OF THE FIRST CIRCUIT
STATE OF HAWAII

In the Matter of Emancipation of _____) Case ID/Number: _____
)
) **PROOF OF SERVICE FOR**
) **PETITION FOR DECLARATION OF**
) **EMANCIPATION; AND SUMMONS**
)
Minor's full name _____)
)
 Male Female _____)
)
Birthdate: _____)
_____)

**PROOF OF SERVICE FOR PETITION FOR
DECLARATION OF EMANCIPATION; AND SUMMONS**

I served a file-stamped copy of each document identified on the next page by personal delivery to the following person(s):

PERSON(S) SERVED	DATE	TIME	PLACE

DOCUMENTS SERVED

- [] Petition for Declaration of Emancipation
- [] Summons
- [] _____
- [] _____

[] **UNSERVED DOCUMENTS:** I certify that, despite due and diligent search, I was unable to locate the person to be served, and therefore the attached documents are being returned as unserved.

PLEASE EXPEDITE RETURN OF SERVICE TO FAMILY COURT

Date Signature of Server

Print Name: _____

Badge ID/Number: _____



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 Service Center at (808) 954-8290 if you have any questions about forms or procedures.