
NAME (and Attorney No. if applicable)

STREET ADDRESS OR P. O. BOX

CITY, STATE, ZIP CODE

TELEPHONE NUMBER

E-MAIL ADDRESS

Petitioner, Self -Represented Litigant

Attorney for Petitioner

IN THE FAMILY COURT OF THE FIFTH CIRCUIT

STATE OF HAWAI'I

_____) FC-PA No. _____
)

_____) SUMMONS
)

(Your First, Middle, and Last Name)

PETITIONER,)

v.)

_____))
(First, Middle, and Last Name of other parent,)
caretaker, and legal father, if any.))

)
Land Child Support Enforcement Agency,)
State of Hawai'i,)

RESPONDENT(S).)

SUMMONS

TO THE RESPONDENT(S):

YOU ARE HEREBY SUMMONED TO:

1. File your written answer (“*Answer*”) to the attached *Petition* within twenty (20) days after you are served with this *Summons*; and

2. Appear at Court as stated below:

YOU ARE HEREBY FURTHER SUMMONED TO APPEAR IN PERSON before the Presiding Judge at the **Family Court of the Fifth Circuit, State of Hawai'i, Pu'uuhonua Kaulike Building, 3970 Ka'ana Street, Lihu'e, Kaua'i, Hawai'i, 96766** on

_____ at ____ a.m. in Courtroom #3 or as soon thereafter as the parties can be heard, then and there to show cause why the relief requested for in the Petition should not be granted.

YOU ARE HEREBY NOTIFIED that your written *Answer* must be filed with the Legal Documents Branch, at the following address:

Family Court of the Fifth Circuit
State of Hawai'i
Pu'uuhonua Kaulike Building
3970 Ka'ana Street
Lihu'e, Kaua'i, Hawai'i 96766

A copy of your written *Answer* should be served upon the Petitioner's attorney, or if the Petitioner is not represented by an attorney, upon the Petitioner at the address shown on the *Petition* and should be served on all other Respondent(s).

IF YOU FAIL TO FILE AN ANSWER to the *Petition*, or **FAIL TO APPEAR** at Court as summoned, judgment by default may enter against you for adjudication of paternity, child custody, child visitation, child support, past child support, medical debt, welfare agency debt, income assignment, and other relief requested in the *Petition*, without further notice to you. Further, **if you fail to appear, the Court may fine you and/or issue a bench warrant for your arrest.**

THIS SUMMONS SHALL NOT BE PERSONALLY DELIVERED BETWEEN 10:00 P.M. AND 6:00 A.M. ON PREMISES NOT OPEN TO THE PUBLIC, UNLESS A JUDGE OF THE DISTRICT OR CIRCUIT COURT PERMITS, IN WRITING ON THE SUMMONS, PERSONAL DELIVERY DURING THOSE HOURS.

IF YOU ARE INCARCERATED on the date of your court hearing, you will not be automatically transported to the Family Court. You must either: (1) make your own arrangements

with your secured facility; or (2) obtain authorization from the Court prior to your court date. (Send a written request entitled, “Ex Parte Request for Transport of Incarcerated Party,” state the full case name and number, hearing date and time, place of incarceration, and your name to the **Family Court of the Fifth Circuit, State of Hawai‘i, Pu‘uhonua Kaulike Building, 3970 Ka‘ana Street, Lihu‘e, Kaua‘i, Hawai‘i, 96766** in sufficient time for the Court to respond to your request.)

DATED: [] Lihu‘e [] Kaua‘i, Hawai‘i, _____
(Date)

CLERK OF THE ABOVE-ENTITLED COURT

Printed Clerk’s Name: _____



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 954-8200, fax 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 482-2330 if you have any questions about forms or procedures.