

<p>STATE OF HAWAI‘I FAMILY COURT OF THE FIRST CIRCUIT</p>		
<p>This document is prepared by <input type="checkbox"/> Self-Represented <input type="checkbox"/> Petitioner/Plaintiff <input type="checkbox"/> Respondent/Defendant <input type="checkbox"/> Attorney for <input type="checkbox"/> Petitioner/Plaintiff <input type="checkbox"/> Respondent/Defendant</p> <p>_____</p> <p>Name (and if applicable, Attorney No.)</p> <p>_____</p> <p>Address</p> <p>_____</p> <p>City, State, Zip Code</p> <p>_____</p> <p>Telephone Number</p> <p>_____</p> <p>E-Mail Address</p>		
<p>CASE NAME</p>	<p>CASE ID/NUMBER</p>	
<p>TITLE OF DOCUMENT</p>		

FAMILY COURT FIRST JUDICIAL CIRCUIT STATE OF HAWAI'I	HEARING SCHEDULING ORDER	CASE NUMBER FC-_____ NO. _____
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CHILD SUPPORT ENFORCEMENT AGENCY,
STATE OF HAWAI'I, and

MOTHER FATHER

PETITIONER(S)/PLAINTIFF(S),

vs.

MOTHER FATHER CARETAKER

MOTHER FATHER CARETAKER

and CHILD SUPPORT ENFORCEMENT AGENCY,
STATE OF HAWAI'I,

DEFENDANT(S).

This document was prepared by:

Petitioner Attorney for Petitioner

Defendant, _____

Attorney for Defendant

Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone Number _____

IT IS HEREBY ORDERED as follows:

1. All parties shall appear at the Family Court of the First Circuit, Kapolei Court Complex, Third Floor, 4675 Kapolei Parkway, Kapolei, Hawai'i for a hearing on this Motion on:
- WEDNESDAY THURSDAY (Date) _____
- TIME: 8:00 A.M. 1:30 P.M.
2. This Motion must be personally served on the Respondent(s) (other parties) by 12:00 p.m. (noon) on _____.
- If service is made other than by personal service outside the Circuit (Oahu), this Motion must be served on the Respondent(s) at least twenty (20) calendar days (including weekends and holidays) prior to the scheduled hearing date.
- If service is not timely made by personal service or mail, the Movant shall appear before the Family Court on the date and time set forth above and state the reasons why. A new hearing may then be set.
3. The Respondent(s) shall, by 12:00 p.m. (noon) on the Friday before the scheduled hearing on this Motion, file with the Court and provide to the Movant and the Child Support Enforcement Agency, a written response to this Motion, a copy of his/her current FINANCIAL INFORMATION SHEET or INCOME AND EXPENSE and ASSET AND DEBT STATEMENTS and copies of his/her three (3) most recent pay statements.



In accordance with the Americans with Disabilities Act, and other applicable state and federal laws, if you require a reasonable accommodation for a disability, please contact the Disability Accommodations Coordinator at the First Circuit, Deputy Chief Court Administrator's Office, 954-8200, FAX 954-8308 or TTY 539-4853, at least ten (10) working days prior to your hearing or appointment date.

DATE	CLERK OF THE COURT
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