

<p><b>STATE OF HAWAI'I</b>  <b>FAMILY COURT OF THE</b>  <b>FIRST CIRCUIT</b></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>		

STATE OF HAWAII FAMILY COURT FIRST CIRCUIT	<b>STATEMENT OF MAILING EXHIBITS "1" AND "2"</b> (Re: Income Withholding Order/Notice of Support)	CASE NUMBER FC-D No.
--	--	-------------------------

	This document is prepared by <input type="checkbox"/> Attorney for <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant
	Name _____
(Full Name) _____ PLAINTIFF v.	Address _____
	City, State, Zip Code _____
(Full Name) _____ DEFENDANT	Telephone No. _____

**STATEMENT OF MAILING**

I REPRESENT THAT I caused one certified copy of the *Income Withholding Order/Notice of Support* to be mailed by certified or registered mail, return receipt requested to:

\_\_\_\_\_

Child Support Payor's Employer's Name

\_\_\_\_\_

Employer's Address

\_\_\_\_\_

City, State, Zip Code

At the time of mailing, the receipt attached hereto as Exhibit "1" was postmarked and dated. Thereafter, the return receipt attached as Exhibit "2" was received.

DATE	<input type="checkbox"/> PLAINTIFF'S <input type="checkbox"/> DEFENDANT'S SIGNATURE	
------	---	--

 In accordance with the Americans with Disabilities Act, as amended, and other applicable state and federal laws, if you require accommodation for a disability, please contact the ADA Coordinator at the First Circuit Family Court office by telephone at 954-8200, fax 954-8308, or via email at [adarequest@courts.hawaii.gov](mailto:adarequest@courts.hawaii.gov) at least ten (10) days prior to your hearing or appointment date.

Please call the Family Court Service Center at **(808)954-8290** if you have any questions regarding forms or procedures.

COURT USE ONLY

**EXHIBIT “1”**

**EXHIBIT “2”**