STATE OF HAWAI'I FAMILY COURT FIRST CIRCUIT	CASE ID/NUMBER	
MOTION AND DECLARATION TO []AMEND []EXTEND [] DISSOLVE THE EXISTING ORDER; CERTIFICATE OF SERVICE		
	PETITIONER,	This Motion is submitted by:
On behalf of		[] Self-Represented □ Petitioner □ Respondent [] Attorney for □ Petitioner □ Respondent
	MINOR(S) v.	Name (and if applicable, Attorney No.) Address
		City, State, Zip Code
		Telephone Number Fax Number
	RESPONDENT.	E-Mail Address
		9 of the Hawai'i Revised Statutes, Rules 6(d) and of the Rules of Circuit Courts for modification of
the existing order filed on		
	application are as follows:	

Motion & Declaration to Amend/Extend/Dissolve the Existing Order 1F-P-753

DOCUMENT CATEGORY: Motion DOCUMENT TYPE: Motion for ____

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DOCKET CODE: MOT

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	_	declare, under penalty f my belief, information	of perjury, that the state	ments made h
e true and corr	ect to the best o	f my belief, information	and knowledge.	
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e true and corr	ect to the best o	f my belief, information	and knowledge.	
e true and corr	(City)	f my belief, information , (State)	and knowledge.	

FC Adm 4/4/22

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Motion & Declaration to Amend/Dissolve/Extend the Existing Order



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 TRO Unit at (808)538-5959 if you have any questions or need an interpreter.

STATE OF HAWAI'I
FAMILY COURT
FIRST CIRCUIT

CERTIFICATE OF SERVICE

CASE ID/NUMBER	
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-	ify that a copy of the fo		-] duly mailed
	Name:Address:City, State, Zip Code			
DATED:	Kapolei, Hawaii,			
] Respondent	