[ ]Plaintiff/Petitioner, Pro Se [ ] Defendant/Respondent, Pro Se
[ ]Attorney for [ ] Plaintiff/Petitioner [ ] Defendant/Respondent

**IN THE FAMILY COURT OF THE SECOND CIRCUIT**

**STATE OF HAWAI`I**

| | | |
|---|---|---|
| | ) | FC-____ NO. _____ |
| | ) | |
| | ) | **SCHEDULING ORDER FOR** |
| Plaintiff/Petitioner, | ) | **POST-DECREE RELIEF** |
| | ) | |
| vs. | ) | |
| | ) | |
| | ) | |
| | ) | |
| | ) | |
| Defendant/Respondent. | ) | |

**SCHEDULING ORDER FOR POST-DECREE RELIEF**

**IT IS HEREBY ORDERED** as follows:

[ ] 1. Both parties shall appear at the Family Court of the Second Circuit, Hoapili Hale, 2145 Main Street, Wailuku, Hawai`i for a hearing on this motion on _____ at _____ ___.m. in Courtroom _____.

[ ] 2. No later than forty-eight (48) hours (excluding weekends and holidays) prior to the first hearing on this motion the Respondent shall (a) provide the Movant with a copy of his or her two (2) most recent pay statements, last W-2 statement, and last federal individual income tax return, and (b) file with the Court and provide to the Movant current Income and Expense and Asset and Debt statements; **provided, however**, if the first hearing on this motion is scheduled within five (5) working days of the Respondent's receipt of this motion, the Respondent shall bring these things to the hearing.

_____ _____
Date Clerk/Judge of the Above-Entitled Court

**Americans with Disabilities Act Notice**

If you need an accommodation for a disability when participating in a court program, service, or activity, please contact the ADA Coordinator as soon as possible to allow the court time to provide an accommodation: Call (808) 244-2855 FAX (808) 244-2932 OR Send an e-mail to: adarequest@courts.hawaii.gov. The court will try to provide, but cannot guarantee, your requested a auxiliary aid, service or accommodation.

RESET FORM PRINT FORM