

HRS 586 TEMPORARY RESTRAINING ORDER  
TRANSMITTAL COVER SHEET

TO: FAMILY COURT OF THE SECOND CIRCUIT  
(Submit in person between the hours of 8:00 a.m. and 4:00 p.m. only)

FROM: Name of Person/Agency: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_

The following documents have been submitted for filing:

Ex Parte Petition For An HRS 586 Temporary Restraining Order  
Notice of Temporary Restraining Order and Notice of Hearing

Temporary Restraining Order  
Proof of Service

**RESPONDENT INFORMATION:**

Full Legal Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ SS #: \_\_\_\_\_

Home Address: \_\_\_\_\_

Employer's name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Work Hours: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Physical description (i.e., identifying scars, height, weight, eye color, etc.): \_\_\_\_\_

Other addresses & times where Respondent can be served other than at home or work: \_\_\_\_\_

Respondent currently residing within Maui County

Respondent suspected or known to be in-custody and service is requested prior to or immediately following hearing

Respondent currently residing outside the State of Hawaii.

**SPECIAL ACCOMMODATION - INTERPRETER REQUIRED:** \_\_\_\_ YES \_\_\_\_ NO

Petitioner Language: \_\_\_\_\_

Respondent Language: \_\_\_\_\_

**PETITIONER CONTACT INFORMATION:**

Full Legal Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ SS#: \_\_\_\_\_

Home Address: \_\_\_\_\_

Street No.

City

Mailing Address: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Work hours: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Work \_\_\_\_\_ Cell: \_\_\_\_\_