	STATE OF HAWAI'I APPEARANCE A		CE AND WAIVER	CASE NUMBER
FAMILY COURT SECOND CIRCUIT IN C		IN CIVIL UNION	I DIVORCE ACTION	FC-CU No.
	vs.	PLAINTIFF (Your Full Name) DEFENDANT (Your Partner's Full Name)	This document is prepared by Defendant Atty for Defendant Name Address City, State, Zip Phone	
I, the Defendant, acknowledge receipt of a filed copy of the Complaint for Civil Union Divorce and Summons in the above-entitled action, submit myself to the Court's jurisdiction and have agreed with the Plaintiff on the matters set forth in: a signed agreement incident to civil union divorce. a form of the Civil Union Divorce Decree which I have approved by signature. I consent to a hearing of the complaint by a judge at any time without further notice and without my presence so long as the Civil Union Divorce Decree issued incorporates the provisions I have approved. If such Decree is not entered by the Court, I request to be notified. I understand that I am not required to sign this paper and that by doing so I am permitting the Court without opposition from me to proceed with the above-entitled matter at this time unless there is reason for the Court to alter our agreement. I am not in the military service of the United States. I am in the military service of the United States, but do not request a stay of proceedings herein, and I do waive any rights I may have under the Servicemembers Civil Relief Act (SSCRA), 50 U.S.C. Sec. 501, et. seq.				
DATE	DEFEND	ANT'S SIGNATURE		
				EOD COUDT USE ONLY

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 ADA Coordinator at the Office of the Chief Administrator at PHONE NO.244-2700, FAX 244-2704, or TTY 244-2889 at least ten (10) working days prior to your hearing or appointment date.