
Name

Address

City, State, Zip Code

Attorney for Plaintiff Defendant

IN THE FAMILY COURT OF THE FIRST CIRCUIT

STATE OF HAWAI'I

[] CHILD SUPPORT ENFORCEMENT)
AGENCY, STATE OF HAWAI'I and)

(Your First, Middle, and Last Name)

PETITIONER,

v.

(First, Middle, and Last Name of other parent, caretaker,
and legal father, if any, in capital letters)

and

[] CHILD SUPPORT ENFORCEMENT)
AGENCY, STATE OF HAWAI'I,)
DEFENDANT(S).)

FC-P No. _____

PRETRIAL ORDER NO. 1

Attachment(s) _____

Hearing Date: _____

Presiding Judge: _____

PRETRIAL ORDER NO. 1

Present: Plaintiff Plaintiff's Attorney: _____

Defendant Defendant's Attorney: _____

Attorney for Child Support Enforcement Agency: _____



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 at least ten (10) working days prior to your hearing or appointment date.

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

Pretrial Conference Date, Scheduling Information, and Other Important Deadlines. All Blanks must be Filled in. A deadline date in this order is binding unless a different date is set forth in a later order (such as the report dates established in the Custody Evaluator Order).

<u>EVENT</u>	<u>DATE</u>
WITNESS LIST filed by the parties Names of lay & expert witnesses, contact information, and subject matter of testimony	_____
DISCOVERY DEADLINES	
Cut off Date	_____
Disclosure of Expert	_____
Expert's Report	_____
EXHIBITS EXCHANGE DEADLINE <u>and two (2) sets provided to the Court</u>	_____
PRE-TRIAL MOTION(S) DEADLINE	_____
PRE-TRIAL CONFERENCE	_____
LENGTH OF TRIAL	_____
TRIAL DATE(S)	_____

STIPULATION(S)/ISSUE(S) IN DISPUTE:

Issues that are checked as "Agreed" are not in dispute.

	<u>Agreed</u>	<u>Disputed</u>	<u>Not Applicable</u>
1. Jurisdiction:			
a. Personal jurisdiction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Subject matter jurisdiction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Legal custody.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Physical custody.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Visitation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Income of:			
a. Plaintiff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Defendant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Expenses of:			
a. Plaintiff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Defendant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Child Support.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Dependency Tax Exemption	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Child health care:			
a. Maintenance of insurance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Payment of excess expenses.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Compliance with prior orders.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	<u>Agreed</u>	<u>Disputed</u>	<u>Not Applicable</u>
10. Child's Name:			
___ No name change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
___ Name shall be changed to: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[] It is further ordered that: _____

FAILURE TO APPEAR AT TRIAL OR TO COMPLY WITH THIS ORDER MAY RESULT IN SANCTIONS INCLUDING, BUT NOT LIMITED TO, THE ENTRY OF JUDGMENT AGAINST YOU, DENIAL OF THE RIGHT TO PRESENT WITNESSES OR EXHIBITS AND AN ORDER FOR PAYMENT OF ATTORNEY'S FEES AND COSTS, OR SUCH OTHER RELIEF AS THE COURT DEEMS APPROPRIATE.

Dated: Kapolei, Hawai'i, _____
(Date)

 JUDGE OF THE ABOVE-ENTITLED COURT

PRINT JUDGE'S NAME: _____

APPROVED AS TO FORM AND CONTENT:

 Signature of Plaintiff's Attorney

 Signature of Defendant's Attorney

 Signature of Plaintiff

 Signature of Defendant