

Name

Address

City, State, Zip Code

Telephone Number

[ ] Attorney for [ ] Petitioner

IN THE FAMILY COURT OF THE SECOND CIRCUIT  
STATE OF HAWAI'I

In the Matter of the Guardianship of )  
)  
)  
\_\_\_\_\_, )  
(Full Legal Name) )  
)  
An Incapacitated Person. )

FC-G No.

STATEMENT OF MAILING RE:

\_\_\_\_\_;

(Name of Party)

EXHIBITS 1 AND 2

STATEMENT OF MAILING RE: \_\_\_\_\_  
(Name of Party)

I represent that I mailed a certified copy of the *Petition for Appointment of a Guardian of Incapacitated Person* and *Notice of Hearing* by certified or registered mail, return receipt requested [ ] restricted delivery to addressee as follows:

Name:

Address:

City, State, Zip Code:

At the time of mailing, the Post Office receipt attached hereto as Exhibit "1" was postmarked and dated. Thereafter, the return receipt attached as Exhibit "2" was received.

Dated: Wailuku, Maui, Hawai`i, \_\_\_\_\_

\_\_\_\_\_  
*Signature*

Print Complete Name \_\_\_\_\_

*Instructions:*

*Submit a separate Statement of Mailing for each party served by mail.*

(ATTACH POST OFFICE RECEIPT)

(ATTACH RETURN RECEIPT)

EXHIBIT 1

EXHIBIT 2