

<b>STATE OF HAWAII FAMILY COURT FIRST CIRCUIT</b>	<b>MOTION FOR SERVICE BY MAIL AND DECLARATION; ORDER FOR SERVICE BY MAIL</b>	CASE NUMBER  FC-CU NO.
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<p>_____</p> <p style="text-align: right;">PLAINTIFF (Full Name)</p> <p style="font-size: 2em; font-weight: bold;">VS.</p> <p>_____</p> <p style="text-align: right;">DEFENDANT (Full Name)</p>	<p>This document is prepared by</p> <p><input type="checkbox"/> Plaintiff   <input type="checkbox"/> Defendant   <input type="checkbox"/> Atty for: <input type="checkbox"/> Plaintiff   <input type="checkbox"/> Defendant</p> <hr/> <p>Name</p> <hr/> <p>Address</p> <hr/> <p>City, State, Zip Code</p> <hr/> <p>Telephone No.</p>
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**MOTION FOR SERVICE BY MAIL AND DECLARATION**

The undersigned party to this action moves for an order authorizing service by registered or certified mail. In support of this motion the undersigned states that to his/her best information and belief the adverse party is outside the First Circuit and receives mail at the following address:

I hereby solemnly and sincerely declare, under penalty of perjury, that the statements made herein are true and correct to the best of my belief, information, and knowledge.

Dated: (city) \_\_\_\_\_, Hawai'i: (date) \_\_\_\_\_

\_\_\_\_\_

MOVANT'S SIGNATURE

**ORDER FOR SERVICE BY MAIL**

It appears that service by mail is appropriate and reasonable. IT IS HEREBY ORDERED that service herein may be made by forwarding certified copies of the:  Complaint    Summons    Motion and Declaration for Pre-Decree Relief; Order for Pre-Decree Relief; and Attachment(s)

- Motion and Declaration for Post-Decree Relief ; Scheduling Order for Post-Decree Relief; and Attachment(s).
- \_\_\_\_\_
- \_\_\_\_\_

and of this Order to the  Plaintiff    Defendant by registered or certified mail with return receipt requested and a direction to deliver to addressee only and that actual receipt by  Plaintiff    Defendant of the above document(s) sent in accordance with this Order shall be equivalent to personal service by an authorized process server as of the date of receipt.

DATE	JUDGE'S SIGNATURE:	<b>COURT USE ONLY</b>
Kapolei, Hawai'i	PRINT JUDGE'S NAME:	

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. 954-8200, FAX 954-8308, or TTY 539-4853 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 about forms or procedures.*