
 Name

 Address

 City, State, Zip Code

 Telephone Number

Attorney for Petitioner

IN THE FAMILY COURT OF THE FIRST CIRCUIT

STATE OF HAWAI'I

In the Matter of the Guardianship of _____) FC-G No. _____)
)
)
) STATEMENT OF MAILING RE:
 _____) _____ ;
 (Full Legal Name)) (Name of Party)
 An Incapacitated Person.) EXHIBITS 1 AND 2
 _____)

STATEMENT OF MAILING RE: _____
 (Name of Party)

I represent that I mailed a certified copy of the Petition for the 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: Kapolei, Hawai'i, _____.

 Signature

Print complete name: _____

 In accordance with the Americans with Disabilities Act, as amended, and other applicable state and federal laws, if you require a reasonable 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.

Instructions:

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

(ATTACH POST OFFICE RECEIPT)

(ATTACH RETURN RECEIPT)

EXHIBIT 1

EXHIBIT 2