
Name (and if attorney, Attorney's Number)

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. _____
)	
)	NOTICE OF APPOINTMENT OF
)	GUARDIAN AND NOTICE OF RIGHT
_____)	TO REQUEST MODIFICATION OR
(Full Legal Name))	TERMINATION; CERTIFICATE OF
An Incapacitated Person.)	SERVICE
_____)	

NOTICE OF APPOINTMENT OF GUARDIAN AND
NOTICE OF RIGHT TO REQUEST MODIFICATION OR TERMINATION

STATE OF HAWAI'I

TO: (List names and addresses of the Incapacitated Person and all parties in paragraphs 3-11 of the Petition.)

Name and Address:

Name and Address:

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

Name and Address:

Notice is hereby given that _____ has been
(Name of Guardian)
appointed by the Court to be the guardian_____.
(Name of Incapacitated Person)

You have a right to request the termination or modification of the attached *Order Appointing Guardian with* *Limited* *Unlimited Authority* by filing a written petition to

terminate or modify the guardianship order and notice of hearing with the Office of the Chief Court Administrator of the First Circuit Court, c/o Legal Documents Branch whose location and mailing address is Ronald T.Y. Moon Kapolei Courthouse, 4675 Kapolei Parkway, Kapolei, Hawai'i, 96707 or Ka'ahumanu Hale, 777 Punchbowl Street, Honolulu, Hawai'i, 96813. File-stamped copies of this *Petition to Terminate or Modify the Guardianship and a Notice of Hearing* must be mailed to the Guardian at the following mailing address:

and to the Ward and all other parties at the addresses noted above.

DATED: Kapolei, Hawai'i, _____.

Signature of Guardian

IN THE FAMILY COURT OF THE FIRST CIRCUIT

STATE OF HAWAI'I

In the Matter of the Guardianship of) FC-G No. _____
)
) CERTIFICATE OF SERVICE
)
_____)
(Full Legal Name))
An Incapacitated Person.)
_____)

CERTIFICATE OF SERVICE

I hereby certify that, on the date noted below, I caused to be mailed to the below-named persons, copies of the attached document:

<u>NAME</u>	<u>ADDRESS</u>	<u>DATE OF SERVICE</u>
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DATED: Kapolei, Hawai'i, _____.

Signature of Person Certifying Service

Print Complete Name