

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City, State, Zip Code)

\_\_\_\_\_  
(Telephone Number)      (Fax Number)

\_\_\_\_\_  
(E-Mail Address)

[ ] Self-Represented     Plaintiff     Defendant

[ ] Attorney for     Plaintiff     Defendant

IN THE FAMILY COURT OF THE FIRST CIRCUIT

STATE OF HAWAI'I

) CASE NO.: \_\_\_\_\_

)

) STATEMENT OF MAILING;

) EXHIBITS "1" AND "2"

)

Plaintiff,

v.

)

)

)

)

)

)

Defendant.

)

STATEMENT OF MAILING

I represent that I caused a file-stamped copy of the following document(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

to be mailed by certified or registered mail, return receipt requested, restricted delivery to:

\_\_\_\_\_

[ ] Plaintiff's [ ] Defendant's Name

\_\_\_\_\_

[ ] Plaintiff's [ ] Defendant's Address

\_\_\_\_\_

City, State, Zip Code

At the time of mailing, the receipt attached hereto as Exhibit "A" was postmarked and dated. Thereafter, the return receipt attached as Exhibit "B" was received.

DATED: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.

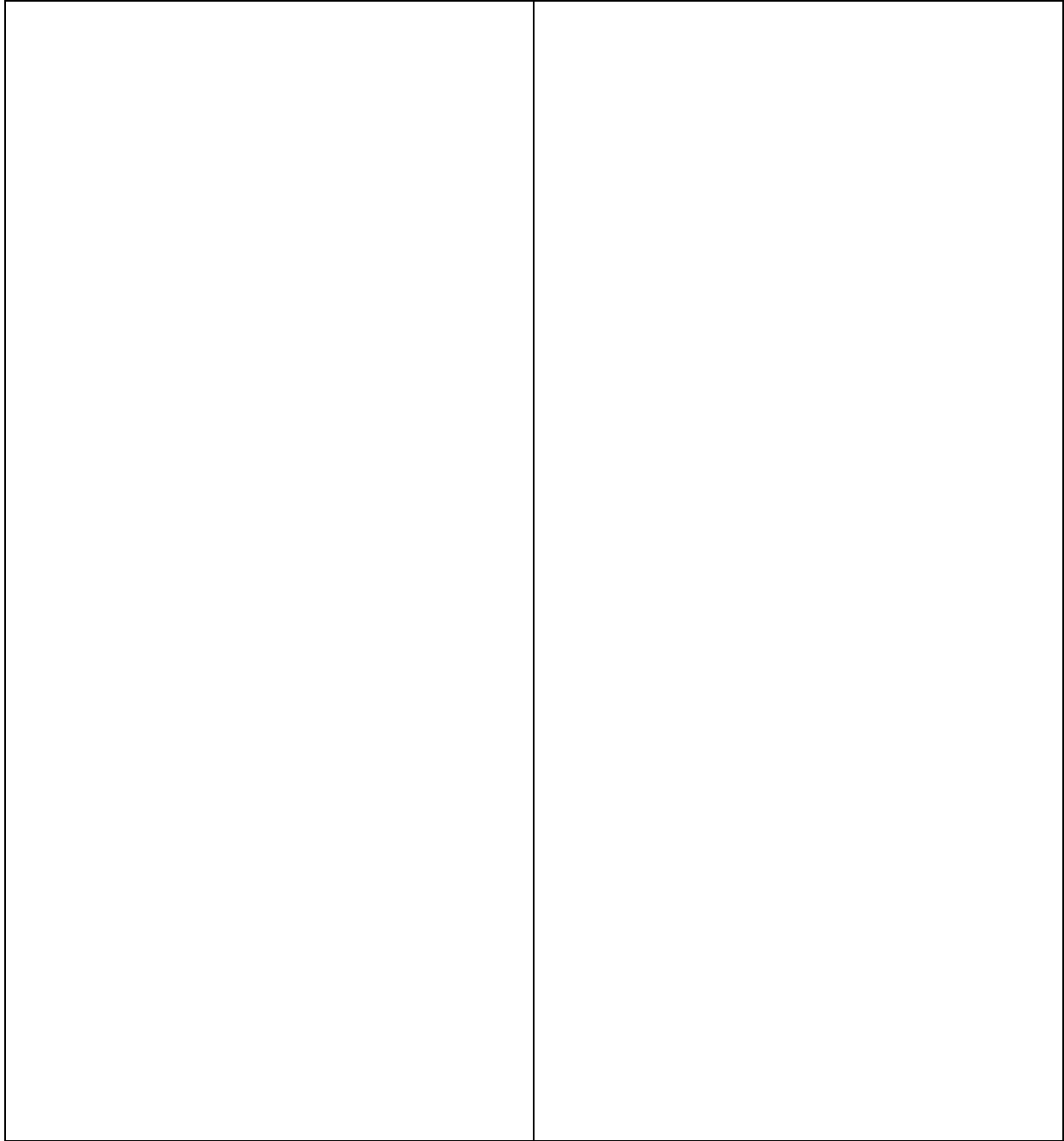
(City) (State) (Date)

\_\_\_\_\_  
Signature of [ ] Attorney for [ ] Plaintiff [ ] Defendant



If you need an accommodation for a disability when participating in a court program, service, or activity, please contact the ADA Coordinator as far in advance as possible to allow time to provide an accommodation: Call the ADA Coordinator of the First Circuit Family Court Office at (808)954-8200, fax (808)954-8308, or send an e-mail to [adarequest@courts.hawaii.gov](mailto:adarequest@courts.hawaii.gov). The ADA Coordinator will work to provide, but cannot guarantee your requested auxiliary aid, service, or accommodation.

*Please call the Family Court Service Center at (808)954-8290 if you have any questions about forms or procedures.*



**EXHIBIT 1**

**EXHIBIT 2**