

<p><b>STATE OF HAWAI‘I</b>  <b>FAMILY COURT OF THE</b>  <b>FIRST CIRCUIT</b></p>		
<p>This document is prepared by  <input type="checkbox"/> Self-Represented <input type="checkbox"/> Petitioner/Plaintiff <input type="checkbox"/> Respondent/Defendant  <input type="checkbox"/> Attorney for <input type="checkbox"/> Petitioner/Plaintiff <input type="checkbox"/> Respondent/Defendant</p> <p>_____</p> <p>Name (and if applicable, Attorney No.)</p> <p>_____</p> <p>Address</p> <p>_____</p> <p>City, State, Zip Code</p> <p>_____</p> <p>Telephone Number</p> <p>_____</p> <p>E-Mail Address</p>		
<p>CASE NAME</p>	<p>CASE ID/NUMBER</p>	
<p>TITLE OF DOCUMENT</p>		



A copy of your written *Answer* should be served upon the Petitioner’s attorney, or if the Petitioner is not represented by an attorney, upon the Petitioner at the address shown on the *Petition* and should be served on all other Defendant(s).

**IF YOU FAIL TO FILE AN ANSWER** to the Petition, or **FAIL TO APPEAR** at Court as summoned, judgment by default may enter against you for adjudication of paternity, child custody, child visitation, child support, past child support, medical debt, welfare agency debt, income assignment, and other relief requested in the *Petition*, without further notice to you. Further, **if you fail to appear, the Court may fine you and/or issue a bench warrant for your arrest.**

THIS SUMMONS SHALL NOT BE PERSONALLY DELIVERED BETWEEN 10:00 P.M. AND 6:00 A.M. ON PREMISES NOT OPEN TO THE PUBLIC, UNLESS A JUDGE OF THE DISTRICT OR CIRCUIT COURT PERMITS, IN WRITING ON THE SUMMONS, PERSONAL DELIVERY DURING THOSE HOURS.

**IF YOU ARE INCARCERATED** on the date of your court hearing, you will not be automatically transported to the Family Court. You must either: (1) make your own arrangements with your secured facility; or (2) obtain authorization from the Court prior to your court date. (Send a written request entitled, “Ex Parte Request for Transport of Incarcerated Party,” state the full case name and number, hearing date and time, place of incarceration and your name to the **SPECIAL DIVISION CALENDARING CLERK, FAMILY COURT, Ronald T.Y. Moon Kapolei Courthouse, 4675 Kapolei Parkway, Kapolei, Hawai‘i, 96707**, in sufficient time for the Court to respond to your request.)

DATED: [ ] Kapolei [ ] Honolulu, Hawai‘i, \_\_\_\_\_.

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CLERK OF THE COURT



In accordance with the Americans with Disabilities Act, as amended, and other applicable state and federal laws, if you require 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](mailto:adarequest@courts.hawaii.gov) at least ten (10) 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.*