

<b>STATE OF HAWAI'I</b> <b>FAMILY COURT OF THE</b> <b>FIRST CIRCUIT</b>		
<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> <hr/> <p>Name (and if applicable, Attorney No.)</p> <hr/> <p>Address</p> <hr/> <p>City, State, Zip Code</p> <hr/> <p>Telephone Number</p> <hr/> <p>E-Mail Address</p>		
<b>CASE NAME</b>	<b>CASE ID/NUMBER</b>	
<b>TITLE OF DOCUMENT</b>		

STATE OF HAWAI'I FAMILY COURT FIRST CIRCUIT	<b>STATEMENT OF MAILING          EXHIBITS 1 and 2</b>	CASE NUMBER  FC-P No.
<input type="checkbox"/> CHILD SUPPORT ENFORCEMENT AGENCY, STATE OF HAWAI'I,  <hr/> <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> CARETAKER <div style="text-align:right;">PETITIONER,</div> <div style="text-align:center;">v.</div> <hr/> <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> CARETAKER  <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> CARETAKER <input type="checkbox"/> and CHILD SUPPORT ENFORCEMENT AGENCY, STATE OF HAWAI'I, <div style="text-align:right;">DEFENDANT(S).</div>	This document was prepared by: <input type="checkbox"/> Petitioner <input type="checkbox"/> Defendant _____ <input type="checkbox"/> Attorney for <input type="checkbox"/> Petitioner <input type="checkbox"/> Defendant  Name _____  Address _____  City _____ State _____ Zip Code _____  Telephone Number _____	
<p>I represent that I mailed one <u>certified</u> copy of each of the following documents:</p> <input type="checkbox"/> PETITION FOR PATERNITY or FOR CUSTODY, VISITATION, and SUPPORT ORDERS AFTER VOLUNTARY ESTABLISHMENT OF PATERNITY and ATTACHMENTS; SUMMONS <input type="checkbox"/> MOTION FOR RELIEF AFTER JUDGMENT OR ORDER AND DECLARATION and ATTACHMENTS <input type="checkbox"/> AMENDED HEARING SCHEDULING ORDER <input type="checkbox"/> ORDER SETTING HEARING OR TRIAL <input type="checkbox"/> INCOME WITHHOLDING ORDER/ NOTICE OF SUPPORT <input type="checkbox"/> OTHER: _____ by certified or registered mail, return receipt requested, <input type="checkbox"/> restricted delivery to addressee as follows: NAME: _____ ADDRESS: _____ CITY, STATE, ZIP CODE: _____		
At the time of mailing, the receipt attached hereto as Exhibit "1" was postmarked and dated. Thereafter, the return receipt attached as Exhibit "2" was received.		
DATE	SIGNATURE	

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 Office at the First Circuit Family Court office by telephone at 954-8200, fax 954-8212, or via email at [adarequest@courts.hawaii.gov](mailto:adarequest@courts.hawaii.gov) at least ten (10) working days prior to your hearing or appointment date.

EXHIBIT 1

EXHIBIT 2