

Name

Address

City, State, Zip Code

Telephone Number

Attorney for  Petitioner

IN THE FAMILY COURT OF THE SECOND CIRCUIT  
STATE OF HAWAI`I

In the Matter of the Guardianship of \_\_\_\_\_ ) FC-G No.  
(Full Legal Name) )  
An Incapacitated Person. )  
PROOF OF SERVICE ON  
RESPONDENT

PROOF OF SERVICE OF RESPONDENT

I served a certified copy of the Petition for Appointment of a Guardian of an Incapacitated Person and Notice of Hearing in this action on the above-named Incapacitated Person (Respondent) at the following address: \_\_\_\_\_

on \_\_\_\_\_ at \_\_\_\_\_.  
(Date) (Time)

DATED: Wailuku, Maui, Hawai`i, \_\_\_\_\_

\_\_\_\_\_  
Signature of Serving Officer or Adult

Print Complete Name: \_\_\_\_\_  
Badge No. for Serving Officer: \_\_\_\_\_  
Address if other than Serving Officer: \_\_\_\_\_