

STATE OF HAWAI'I FAMILY COURT FIRST CIRCUIT	PROOF OF SERVICE	CASE NUMBER FC-D No. _____
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<p style="text-align: center;">_____ (Full Name) PLAINTIFF</p> <p style="text-align: center;">v.</p> <p style="text-align: center;">_____ (Full Name) DEFENDANT</p>	<p>This document is prepared by: <input type="checkbox"/> Attorney for <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant</p> <p>_____ Name</p> <p>_____ Address</p> <p>_____ City, State, Zip Code</p> <p>_____ Telephone No.</p>
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I served a certified copy of each document identified below by delivering to the following person(s):

PERSON(S) SERVED	DATE	TIME	PLACE

DOCUMENTS SERVED

Complaint for Divorce; Automatic Restraining Order; Summons to Answer Complaint

Notice to Attend Kids First

Motion and Declaration for Pre-Decree Relief and Attachments

Motion and Declaration for Post-Decree Relief and Attachments

PLEASE EXPEDITE RETURN OF SERVICE TO FAMILY COURT

DATE	POLICE OFFICER'S SIGNATURE	BADGE ID	
	PRINT NAME:		
DATE	OTHER SERVING OFFICER'S SIGNATURE	BADGE ID NUMBER:	
	PRINT NAME:		

UNSERVED DOCUMENTS: I certify that, despite due and diligent search, I was unable to locate the person to be served, and therefore the attached documents are being returned as unserved.

COURT USE ONLY

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 at PHONE NO. 954-8200, FAX 954-8308, or via email at 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.