STATE OF HAWAI'I FAMILY COURT FIRST CIRCUIT	**PROOF OF SERVICE**	CASE NUMBER FC-D No. _____

_____ (Full Name) PLAINTIFF

v.

_____ (Full Name) DEFENDANT

This document is prepared by:
☐ Attorney for ☐ Plaintiff ☐ Defendant

Name

Address

City, State, Zip Code

Telephone No.

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

☐ **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

CLEAR FORM

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.