

<b>STATE OF HAWAII</b> <b>FAMILY COURT</b> <b>FIRST CIRCUIT</b>	<b>MOTION FOR PERSONAL SERVICE WITHOUT THE STATE AND DECLARATION; ORDER FOR PERSONAL SERVICE WITHOUT THE STATE</b>	CASE NUMBER  FC-D No.
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<div style="text-align: center; margin-bottom: 20px;"> <b>PLAINTIFF</b>  <small>(Full Name)</small> </div> <div style="text-align: center; margin-bottom: 20px;">       VS.     </div> <div style="text-align: center;"> <b>DEFENDANT</b>  <small>(Full Name)</small> </div>	This document is prepared by <input type="checkbox"/> Movant <input type="checkbox"/> Movant's Attorney  Name _____  Address _____  City, State, Zip Code _____  Telephone No. _____
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**MOTION FOR PERSONAL SERVICE WITHOUT THE STATE AND DECLARATION**

The undersigned party to this action moves, pursuant to HRS § 580-3(b) and Hawai'i Family Court Rule 4(e), for an order authorizing personal service by an officer or adult person authorized to effect service of legal process under the laws of the State of residence of the adverse party. In support of this motion, the undersigned states that to his or her best information and belief, the adverse party is without the State of Hawai'i and resides at the following address:

I hereby solemnly and sincerely declare, under penalty of perjury, that the statements made herein are true and correct to the best of my belief, information, and knowledge.

DATED: (city) \_\_\_\_\_, Hawai'i: (date) \_\_\_\_\_

MOVANT'S SIGNATURE

**ORDER FOR PERSONAL SERVICE WITHOUT THE STATE**

It appears that personal service without the State of Hawai'i is appropriate and reasonable. IT IS HEREBY ORDERED that service by an officer or adult person, authorized under the laws of the State of residence of the adverse party to effect service of legal process, be made by delivering to him/her certified copies of:

- ☐ Complaint  
 ☐ Summons  
 ☐ Motion and Declaration for Pre-Decree Relief; Order for Pre-Decree Relief; and Attachment(s)  
☐ Motion and Declaration for Post-Decree Relief ; Scheduling Order for Post-Decree Relief; and Attachments.  
☐ \_\_\_\_\_  
☐ \_\_\_\_\_

and of this Order to ☐ Plaintiff ☐ Defendant. After service, said authorized person shall immediately transmit to this Court an Affidavit showing the date, time, place, and manner of service of such papers.

DATE	JUDGE'S SIGNATURE:	<b>COURT USE ONLY</b>
Kapolei, Hawai'i	PRINT JUDGE'S NAME:	

In accordance with the Americans with Disabilities Act and other applicable state and federal laws, if you require a reasonable accommodation for a disability, please contact the ADA Coordinator at the Office of the Chief Administrator at PHONE NO. 954-8200, FAX 954-8308, or TTY 539-4853 at least ten (10) working 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.*