

<b>STATE OF HAWAI'I FAMILY COURT OF THE FIRST CIRCUIT</b>	<b>SUMMONS TO ANSWER COMPLAINT</b>	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"/> Plaintiff <input type="checkbox"/> Attorney for Plaintiff</p> <hr/> <p>Name</p> <hr/> <p>Address</p> <hr/> <p>City, State, Zip Code</p> <hr/> <p>Telephone No.</p>
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**TO THE DEFENDANT**

You are hereby summoned and required to serve a written answer to the attached Complaint within 20 days after service of this Summons upon you, exclusive of the date of service.

Your written answer must be filed within the Chief Clerk of this Circuit at the following location or address:

Ronald T.Y. Moon Kapolei Courthouse 4675 Kapolei Parkway Kapolei, Hawai'i 96707	or	Ka'ahumanu Hale 777 Punchbowl Street Honolulu, Hawai'i 96813
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A copy of your answer should also be served upon the Plaintiff's attorney, or if the Plaintiff is not represented by an attorney, upon the Plaintiff at the address shown on the Complaint.

If you fail to file your written answer within the 20-day time limit, further action may be taken in this case, including judgment for the relief demanded in the Complaint, without further notice to you.

**THIS SUMMONS SHALL NOT BE PERSONALLY DELIVERED BETWEEN 10:00 P.M. AND 6:00 A.M. ON PREMISES NOT OPEN TO THE PUBLIC UNLESS A JUDGE OF THE DISTRICT OR CIRCUIT COURTS PERMITS IN WRITING ON THE SUMMONS, PERSONAL DELIVERY DURING THOSE HOURS.**

**FAILURE TO OBEY THE SUMMONS MAY RESULT IN AN ENTRY OF A DEFAULT AND DEFAULT JUDGMENT AGAINST THE PERSON SUMMONED.**

DATE	CLERK OF THE COURT
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**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 by telephone at 954-8200, fax 954-8303, 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.

*Please call the Family Court Service Center at 954-8290 if you have any questions about forms or procedures.*