

<hr style="width: 80%; margin: auto;"/> v. <hr style="width: 80%; margin: auto;"/>	Name, address, and telephone number of: <input type="checkbox"/> Movant <input type="checkbox"/> Attorney for Movant Hearing Date and Time: ATTACHMENTS <input type="checkbox"/> Income and Expense Statement <input type="checkbox"/> Child Support Guidelines Worksheet <input type="checkbox"/> Asset and Debt Statement <input type="checkbox"/> Custody/Visitation Statement <input type="checkbox"/> Proposed Parenting Plan <input type="checkbox"/> Continuation Sheet <input type="checkbox"/> _____ <input type="checkbox"/> Order for Pre-Decree Relief <input type="checkbox"/> IMPORTANT: This is a Domestic Abuse Case
DEFENDANT.	

I am the Plaintiff Defendant in this case. I am referred to as the Movant in this motion. My spouse/partner is the Plaintiff Defendant in this case and is referred to as Respondent in this motion. Pursuant to Hawai'i Family Court Rule 10, I seek the following relief:

1. An order which awards the temporary legal custody, physical custody, and visitation of the parties' child(ren) as follows:

This arrangement is best for the parties' child(ren) because: _____

Note: If custody and visitation orders are requested, the attached Custody/Visitation Statement must be completed and the Movant's *Income and Expense* and *Asset and Debt Statements* must be attached.

2. An order requiring the Respondent to pay monthly child support of \$_____.

Note: If child support is requested the Movant's *Income and Expense* and *Asset and Debt Statements* must be attached.

3. An order requiring the Respondent to pay monthly alimony of \$_____.

Note: If alimony is requested the Movant's *Income and Expense* and *Asset and Debt Statements* must be attached.

4. An order requiring the Respondent to pay \$_____ towards my legal expenses.

Note: If contribution to legal expenses is requested, the Movant's *Income and Expense* and *Asset and Debt Statements* must be attached.

COURT USE ONLY



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 Family Court Administration Office at PHONE NO. (808) 961-7629, FAX (808) 961-7577, or email adarequest@courts.hawaii.gov at least ten (10) working days prior to your hearing or appointment date.

[] 5. An order requiring the Respondent to make the following other payments:

Note: If such an order is requested, the Movant's *Income and Expense* and *Asset and Debt Statements* must be attached.

[] 6. An order requiring mediation on the issue(s) raised by this motion.

[] 7. Financial Restraining Order: An order which requires each of the parties to timely provide to the other party full financial and property disclosure, and which enjoins and restrains each of the parties from transferring, encumbering, wasting, or otherwise disposing of any of the party's real or personal property, over and above current income, except as necessary for the ordinary course of a business or for usual current living expenses, without the consent of the other party, or further order of the court. Such a restraining order is necessary because: _____

[] 8. Restraining Order Regarding Child(ren): An order which enjoins and restrains the Respondent from removing the parties child(ren) from the County of Hawai'i. Such a restraining order is necessary because: _____

[] 9. Domestic Abuse Restraining Order: An order which enjoins and restrains the Respondent from physically abusing, threatening, or harassing me and/or the parties' child(ren) because:

a. The Respondent has physically abused me in the past as follows (state nature and date of most recent incident of abuse): _____

b. The Respondent has threatened to abuse me in the past as follows (state nature and date of most recent threat of abuse): _____

[] 11. Presence of Firearms: The Respondent owns, intends to obtain or transfer ownership of, or possesses a firearm or ammunition and the firearm may be used to threaten, injure or abuse any person, as follows:

a. The Respondent [] owns [] possesses the following type(s) of firearm(s): _____

As of _____(date), the firearm(s) was/were located at (state address and specific location): _____

b. I believe that the Respondent intends to obtain or transfer ownership of (a) firearm(s) because: _____

c. In the past the Respondent has used threatened to use (a) firearm(s) against me and/or the parties' child/ren as follows (state nature and date of the last such use and/or threatened use):

d. I believe that the Respondent may in the future use a firearm to threaten, injure, and/or abuse me, the parties' child/ren and/or someone else because: _____

12. Respondent's name, address, and age are:

Name: _____

Address: _____

Age: _____

13. Other relief sought: _____

In further support of this motion, I also affirm:

14. I am not now, nor have I been in the past, a party to a legal proceeding other than this case involving the Respondent.

15. My participation as a party in other legal proceedings involving the Respondent is/has been as follows:

CASE NAME: _____

Case number: _____ Location of Court: _____

Date filed: _____ Date concluded: _____

Type of case: _____

CASE NAME: _____

Case number: _____ Location of Court: _____

Date filed: _____ Date concluded: _____

Type of case: _____

I, Movant, hereby declare under penalty of perjury that the information in this motion and all of the attachments to it are true, correct, and complete to the best of my knowledge, information, and belief.

Dated: _____, Hawai'i, _____
(City) (Date)

Movant's Signature

Print Movant's Name