

HRS 586 TEMPORARY RESTRAINING ORDER  
FACSIMILE TRANSMITTAL COVER SHEET

TO: FAMILY COURT OF THE SECOND CIRCUIT  
Fax No.: 244-2767 (8:00 a.m. to 3:00 p.m.)

FROM: Name of Person/Agency: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_ Fax Number Transmitted From: \_\_\_\_\_  
Date of Transmission: \_\_\_\_\_ Number of pages being transmitted, including cover sheet: \_\_\_\_\_

The following documents have been transmitted for filing (**Note:** The filing party bears all risks of transmitting the petition by fax. The Service Center is not responsible for acknowledging receipt of any petition transmitted by fax. Faxing a petition does not constitute filing):

Ex Parte Petition For An HRS 586 Temporary Restraining Order  
Notice of Temporary Restraining Order and Notice of Hearing

Temporary Restraining Order  
Proof of Service

**RESPONDENT INFORMATION:**

Full Legal Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ SS #: \_\_\_\_\_

Home Address: \_\_\_\_\_

Employer's name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Work Hours: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Physical description (i.e., identifying scars, height, weight, eye color, etc.): \_\_\_\_\_

Other addresses & times where Respondent can be served other than at home or work: \_\_\_\_\_

Respondent currently residing within Maui County  
Respondent suspected or known to be in-custody and service is requested prior to or immediately following hearing  
Respondent currently residing outside the State of Hawaii.

**DISTRIBUTION:**

**Petitioner's Copy**

Mail to Petitioner  
Pick up by Petitioner, if not picked up by end of business day, will be placed in agency's court jacket or mailed.  
Pick up by Agent, if not picked up by end of business day, will be placed in agency's court jacket or mailed.  
Other: \_\_\_\_\_

**Respondent's Copy (If unchecked, respondent's copy will be forwarded to MPD, Wailuku Headquarters)**

Pick up by Petitioner, if not picked up by end of business day, will be forwarded to MPD  
Pick up by Agent, if not picked up by end of business day will be forwarded to MPD  
Other: \_\_\_\_\_

**SPECIAL ACCOMMODATION - INTERPRETER REQUIRED:** \_\_\_\_ YES \_\_\_\_ NO

Petitioner Language: \_\_\_\_\_

Respondent Language: \_\_\_\_\_

**PETITIONER CONTACT INFORMATION:**

Full Legal Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ SS#: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street No. City

Mailing Address: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Work hours: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Work \_\_\_\_\_

Cell: \_\_\_\_\_