

Name, Address & Phone Number
(If Attorney filing, type Name, Address & Phone Number)

Petitioner(s), Pro Se
 Attorney for Petitioner(s)

**IN THE FAMILY COURT OF THE SECOND CIRCUIT
STATE OF HAWAII**

In the Matter of Adoption of) FC-A NO. _____
A MALE FEMALE)
Born on:)
A MALE FEMALE) STATEMENT OF MAILING;
Born on:) EXHIBITS "1" AND "2"
A MALE FEMALE)
Born on:)
A MALE FEMALE)
Born on:)
by)
)
)
 the legal spouse of and)
)
)
 the child(ren)'s legal parent)
 husband and wife civil union partners)
 an unmarried person)
)

Petitioner(s))

**STATEMENT OF MAILING
EXHIBITS "1" AND "2"**

I represent that the following documents was served on the person listed below:

Certified copy of the Petition for Adoption (Non-Consent) and attachment

Other: _____

by certified mail, return receipt requested. At the time of mailing, the receipt attached as Exhibit "1" was received; and in due course, the return receipt attached hereto as Exhibit "2" was received.

The person served was:

NAME

ADDRESS

CITY, STATE, ZIP CODE

DATE

SIGNATURE OF []ATTORNEY []PETITIONER PRO SE

EXHIBIT 1

EXHIBIT 2

Americans with Disabilities Act Notice



If you need an accommodation for a disability when participating in a court program, service, or activity, please contact the ADA Coordinator as soon as possible to allow the court time to provide an accommodation:

Call (808) 244-2855 FAX (808) 244-2932 OR Send an e-mail to: adarequest@courts.hawaii.gov. The court will try to provide, but cannot guarantee, your requested auxiliary aid, service or accommodation.