

STATE OF HAWAII FAMILY COURT FIRST CIRCUIT	CASE ID/NUMBER _____
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**MOTION AND DECLARATION
FOR PRE-DECREE RELIEF**

(Full Name)	v.	PLAINTIFF,
(Full Name)		DEFENDANT.

This document is prepared by	
<input type="checkbox"/> Self-Represented	<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant
<input type="checkbox"/> Attorney for	<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant
Name (and if applicable, Attorney No.) _____	
Address _____	
City, State, Zip Code _____	
Telephone Number _____	Fax Number _____
E-Mail Address _____	

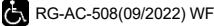
- Attachments:**
- Income and Expense Statement
 - Asset and Debt Statement
 - Child Support Guidelines Worksheet
 - Custody/Visitation Statement
 - Continuation Sheet
 - Proposed Parenting Plan
 - _____

I am the Plaintiff Defendant in this case. I am referred to as the Movant 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/or visitation of the parties' child(ren) as follows: _____

FOR JEFS USERS:
Document Category: Motion
Document Type: Motion For Pre Decree Relief

DOCKET CODE: MPRR



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

Note: If custody and visitation orders are requested, a Custody/Visitation Statement must be completed and attached.

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

Note: If child support is requested, the Movant's completed *Income and Expense* and *Asset and Debt Statements* must be attached and the appropriate box in the Scheduling Order must be checked off.

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

Note: If alimony is requested, the Movant's completed *Income and Expense* and *Asset and Debt Statements* must be attached and the appropriate box in the Scheduling Order must be checked off.

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

Note: If a contribution to legal expenses is requested, the Movant's completed *Income and Expense* and *Asset and Debt Statements* must be attached and the appropriate box in the Scheduling Order must be checked off.

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

Note: If other financial relief is requested, the Movant's completed *Income and Expense* and *Asset and Debt Statements* must be attached and the appropriate box in the Scheduling Order must be checked off.

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

- [] 7. An order directing a social study or custody investigation regarding the custody and/or visitation issues raised by this motion.

Note: If a social study or custody investigation is requested, the Movant's completed *Income and Expense* and *Asset and Debt Statements* must be attached and the appropriate box in the Scheduling Order must be checked off.

[] 8. Financial Restraining Order : **DO NOT REQUEST IF AUTOMATIC RESTRAINING ORDER IS IN EFFECT.** 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 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.

[] 9. Restraining Order Regarding Child(ren) : **DO NOT REQUEST IF AUTOMATIC RESTRAINING ORDER IS IN EFFECT.** An order which enjoins and restrains the Respondent from removing the parties' child(ren) from the City and County of Honolulu. Such a restraining order is necessary because:

[] 10. 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): _____

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: _____
_____.

Respondent's name, address, birth year, telephone number, and last four digits of his/her Social Security number:

Name: _____

Address: _____

BirthYear: _____ Telephone No.: _____ Social Security No. xxx-xx-_____

[] 11. Other relief sought: _____

_____.

In further support of this motion, I also affirm:

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

[] 13. 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: _____

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 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: _____, _____, _____.
(City) (State) (Date)

Movant's Signature

Print Movant's Name



If you need an accommodation for a disability when participating in a court program, service, or activity, please contact the ADA Coordinator as far in advance as possible to allow time to provide an accommodation: Call the ADA Coordinator of the First Circuit Family Court Office at (808)954-8200, fax (808)954-8308, or send an e-mail to adarequest@courts.hawaii.gov. The ADA Coordinator will work to provide, but cannot guarantee your requested auxiliary aid, service, or accommodation.

Please call the Family Court Service Center at (808)954-8290 if you have any questions about forms or procedures.