

STATE OF HAWAI'I FAMILY COURT SECOND CIRCUIT	SUMMONS TO ANSWER COMPLAINT	CASE NUMBER FC-D NO.
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_____ PLAINTIFF (Full Name) VS. _____ DEFENDANT (Spouse's Full Name)	This document is prepared by <input type="checkbox"/> Plaintiff <input type="checkbox"/> Atty. for Plaintiff Name _____ Address _____ City, State, Zip _____ Phone _____
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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 with the Chief Clerk of this Circuit at the following location or address.

Hoapili Hale
 2145 Main Street
 Wailuku, Maui 96793

A copy of your answer should also be served upon the Plaintiff's attorney, or in the event 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 COURT
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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. 244-2969, FAX 244-2932, or TTY 244-2865, at least ten (10) working days prior to your hearing or appointment date.