

INSTRUCTIONS RE: DIVORCE FORMS
(Without Children)
HILO DIVISION

- 1) The filing fee is ~~\$200.00~~ ^{\$215.00} payable at the time of filing.

NOTE: Should you qualify for legal services, you may contact the following agencies for waiver of filing fee and assistance in completing the forms:

Legal Aid Intake
Phone No. ~~934-0678~~ 961-2851

Volunteer Legal Services Hawai'i
Phone No. ~~1-800-839-5200~~ (808) 528-7046

Should you decide to file your own, you may research the Divorce Manual and the Uncontested Divorce Information and Sample Forms Folder in the Law Library at Hale Kaulike (Hilo Judiciary Complex), 777 Kilauea Avenue, Second Floor. Employees are not allowed to give out Legal Advice.

- 2) Forms should be completed in black ink or typewritten.
- 3) To initiate your case, complete the Complaint and Summons (stapled as one document) and the Matrimonial Action Information Sheet (complete both sides of the form, if any unknown information, indicate "unknown").
- 4) The parties names as they appear on the Complaint should be the same throughout the whole case unless ordered by the Court to be changed.
- 5) When you are ready to file your case, make at least 3 copies of the Complaint, Summons; and at lease 2 of the Matrimonial Action Information Sheet. Plus original on top with copies to follow each document.

NOTE: You have just initiated your Divorce case. It is your own responsibility as the filing party to proceed and complete your case on your own. Refer to the Proof of Uncontested Divorce Through Affidavit Memo (FCJM External Memo 4A) enclosed in your packet. You will not necessarily use all of the forms.

STATE OF HAWAII FAMILY COURT OF THE THIRD CIRCUIT	COMPLAINT FOR DIVORCE	CASE NUMBER FC-D NO.
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<div style="text-align: center; margin-bottom: 20px;"> _____ PLAINTIFF, (Your Full Name) </div> <div style="text-align: center; margin-bottom: 20px;"> VS. </div> <div style="text-align: center;"> _____ DEFENDANT, (Your Spouse's Full Name) </div>	This document is prepared by <input type="checkbox"/> Plaintiff <input type="checkbox"/> Attorney for Plaintiff Name _____ Address _____ City, State, Zip _____ Phone _____
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I, the Plaintiff, in support of this Complaint for Divorce, allege:

1. Jurisdiction:
 I and/or my spouse, the Defendant, have lived or have been physically present in the State of Hawai'i for a continuous period of at least six (6) months and I have lived and/or been physically present on the Island of Hawai'i for a continuous period of at least three (3) months immediately preceding this application.

2. Marriage:
 The parties (plaintiff and spouse) are lawfully married to each other.

3. Children:

- a. ☐ The parties have no children together.
- b. ☐ The parties have _____ (enter number) child(ren) under 18 together.
- c. ☐ The parties have _____ (enter number) child(ren) 18 or older together, who are dependent on them for support.
- d. ☐ The parties have _____ (enter number) child(ren) 18 or older together, who are not dependent on them for support.
- e. ☐ Wife has _____ (enter number) child(ren) born during the marriage, not fathered by Husband.
- f. ☐ Wife is pregnant.

4. Custody and Visitation:

- a. Legal custody of the minor child(ren) should be awarded to:
☐ Me, Plaintiff ☐ My spouse, Defendant ☐ Both parties jointly
- b. Physical custody of the minor child(ren) should be awarded to:
☐ Me, Plaintiff ☐ My spouse, Defendant ☐ Both parties jointly
- c. The parent not awarded physical custody should have:
☐ Reasonable visitation ☐ Supervised visitation ☐ _____
- d. Child support should be awarded in accordance with the child support guidelines.

5. Division of Assets:
 All assets my spouse and I own should be divided in a just and equitable way.

6. Division of Debts:
 All debts my spouse and I owe should be divided in a just and equitable way.

7. Spousal Support (Alimony):

- a. ☐ I am entitled to an order that my spouse pay spousal support (alimony) to me.
- b. ☐ My spouse ☐ is ☐ is not entitled to an order that I pay spousal support (alimony) to him/her.

8. Grounds:
 Pursuant to HRS Section 580-41, I allege that the grounds for divorce are as follows (check one only):

- a. ☐ The marriage is irretrievably broken.
- b. ☐ The parties have lived separate and apart for a period of two (2) or more years under a decree of separation from bed and board or under a decree of separate maintenance.
- c. ☐ The parties have lived separate and apart for a continuous period of two (2) or more years immediately preceding the application, there is no reasonable likelihood that cohabitation will be resumed, and it would not be harsh and oppressive to Defendant, or contrary to the public interest, to grant a divorce on this ground on the complaint of Plaintiff.

It is requested of the Court:
 That a decree be entered granting a divorce from the bonds of matrimony and granting the relief requested above, all as alleged and as may be appropriate and in accordance with the evidence and the law, and other relief as the Court deems proper in this case.

I declare, under penalty of perjury, that the statements made herein are true and correct to the best of my knowledge, information and belief.

DATE	PLAINTIFF'S SIGNATURE
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STATE OF HAWAII
FAMILY COURT
THIRD CIRCUIT

SUMMONS
TO ANSWER COMPLAINT

CASE NUMBER

FC-D NO.

PLAINTIFF
(Full Name)

VS.

DEFENDANT
(Spouse's Full Name)

This document is prepared by

☐ Plaintiff ☐ Atty. for Plaintiff

Name

Address

City, State, Zip

Phone

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.

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



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 Third Circuit Court Administration Office at PHONE NO. 961-7424, or TTY 961-7422, at least ten (10) working days prior to your hearing or appointment date.

STATE OF HAWAII FAMILY COURT THIRD CIRCUIT		MATRIMONIAL ACTION INFORMATION			CASE NUMBER FC-D NO.		
PLAINTIFF		PREPARED: <input type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT <input type="checkbox"/> ATTORNEY FOR PLAINTIFF <input type="checkbox"/> ATTORNEY FOR DEFENDANT			DATE FILED		
DEFENDANT							
NATURE OF CASE <input type="checkbox"/> DIVORCE <input type="checkbox"/> SEPARATION <input type="checkbox"/> ANNULMENT <input type="checkbox"/> OTHER							
ITEM	WIFE			HUSBAND			
FULL NAME							
BIRTH OR MAIDEN NAME							
ADDRESS STREET, APT. NO.							
TOWN, STATE, ZIP COUNTY							
PHONE	HOME	WORK		HOME	WORK		
SOCIAL SECURITY NUMBER							
DATE OF BIRTH							
PLACE OF BIRTH (State or Country)							
RACE							
HIGHEST GRADE COMPLETED							
HAWAII RESIDENT SINCE							
CIRCUIT RESIDENT SINCE							
PRIMARY EMPLOYER (Name and Address)							
JOB TITLE							
WORK SCHEDULE							
LENGTH OF SERVICE							
GROSS MONTHLY INCOME (All Sources)	Primary	Secondary	Welfare	Primary	Secondary	Welfare	
DATE OF THIS MARRIAGE	DATE			COUNTY / STATE			
DATE OF SEPARATION <input type="checkbox"/> NOT SEPARATED	DATE			COUNTY / STATE			

MATRIMONIAL ACTION INFORMATION (Continued)						CASE NUMBER
						FC-D NO.
	FROM MONTH/YEAR	TO MONTH/YEAR	TERMINATED BY			STATE
			DIVORCE	ANNULMENT	DEATH	
WIFE'S PRIOR MARRIAGES						
HUSBAND'S PRIOR MARRIAGES						
CHILDREN: ALL CHILDREN OF EITHER PARTY FROM YOUNGEST TO OLDEST						
CHILD'S FULL NAME	M/F	BIRTHDATE	LEGAL PARENT (HUSBAND, WIFE OR OTHER)	PRESENT CUSTODY	SCHOOL AND GRADE	
INFORMATION REQUIRED FOR CUSTODY						
CHILDREN'S PRESENT ADDRESS:						
PLACES WHERE AND PERSONS WITH WHOM THE CHILDREN HAVE LIVED WITHIN THE LAST FIVE YEARS AND DATES						
ADDRESS	CARETAKERS		FROM MONTH/YEAR	TO MONTH/YEAR		
WIFE <input type="checkbox"/> IS <input type="checkbox"/> IS NOT PREGNANT. EXPECTED DELIVERY DATE:						
THE UNDERSIGNED SOLEMNLY AND SINCERELY DECLARES, UNDER PENALTY OF PERJURY, THAT THE STATEMENTS MADE HEREIN ARE TRUE AND CORRECT TO THE BEST OF HIS/HER KNOWLEDGE, INFORMATION AND BELIEF.						
DATE	SIGNATURE					