

\_\_\_\_\_  
Name (and Attorney No. if applicable)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Telephone/Cell Phone Number

\_\_\_\_\_  
Email Address

Self-Represented    ☐ Petitioner    ☐ Respondent

Attorney for        ☐ Petitioner    ☐ Respondent

**BUSINESS REGISTRATION DIVISION  
OFFICE OF ADMINISTRATIVE HEARINGS  
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS  
STATE OF HAWAII**

In the Matter of

CASE NO. \_\_\_\_\_

**PROOF OF SERVICE**

**PROOF OF SERVICE**

I served a file-stamped copy of each document identified on the next page by personal delivery to the following person(s):

PERSON(S) SERVED	DATE	TIME	PLACE

**DOCUMENTS SERVED**

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

☐ **UNSERVED DOCUMENTS:** I certify that, despite due and diligent search, I was unable to locate the person to be served, and therefore the attached documents are being returned as unserved.

_____	_____
Date	Signature of Server/Sheriff
Print Name: _____	
BadgeID/Number: _____	