

Kids First Coordinator
Kapolei Court Complex
4675 Kapolei Parkway
Kapolei, HI 96707

Date: _____

Re: Request to be Excused from attending Kids First Program

Case number: FC-D or FC-P No. _____

Case names: _____

1. Names of person(s) who want to be excused: _____

2. Date of Marriage: _____

3. Date of Separation: _____

4. Date scheduled to attend Kids First: ____ / ____ / ____ Honolulu or Kapolei

5. Is there a Restraining Order? Yes No

6. Date attended Kids First within the past 2 years: _____

a. FC-D / FC-P No.: _____

b. Case names: _____

c. Names at that time: _____

7. Check the reasons that apply:

Deployed, active duty military

Moved out of State of Hawai'i

Incarcerated

In residential treatment facility

Not understand English (requesting interpreter)

Child of another relationship and child never lived together with this couple as a
"family unit"

Child adopted by someone else

Child lives in a foster home

Incapacitated, mentally ill, severely disabled

Explain other circumstances: _____

Print name: _____

Signature line: _____

If different, name of person who prepared request: _____

Daytime contact number: _____

Staff only: Approved

Request Denied