


STATE OF HAWAII FAMILY COURT FIRST CIRCUIT		<b>MATRIMONIAL ACTION INFORMATION</b>			CASE NUMBER		
PLAINTIFF		PREPARED BY: <input type="checkbox"/> PLAINTIFF <input type="checkbox"/> ATTORNEY FOR PLAINTIFF <input type="checkbox"/> DEFENDANT <input type="checkbox"/> ATTORNEY FOR DEFENDANT			FC-D No.		
DEFENDANT					DATE FILED:		
NATURE OF CASE: <input type="checkbox"/> DIVORCE <input type="checkbox"/> SEPARATION <input type="checkbox"/> ANNULMENT <input type="checkbox"/> OTHER							
<b>ITEM</b>	<b>PLAINTIFF</b>			<b>DEFENDANT</b>			
FULL NAME							
BIRTH OR MAIDEN NAME							
ADDRESS STREET, APT. NO. CITY, STATE, ZIP CODE							
CONTACT INFORMATION	HOME PHONE NO.	CELL PHONE NO.	HOME PHONE NO.	CELL PHONE NO.			
	E-MAIL ADDRESS			E-MAIL ADDRESS			
SOCIAL SECURITY	XXX-XX-_____			XXX-XX-_____			
YEAR 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			

 In accordance with the Americans with Disabilities Act, as amended, and other applicable state and federal laws, if you require accommodation for a disability, please contact the ADA Coordinator at the First Circuit Court, Family Court office by telephone at 954-8200, fax 954-8308, or via email at [adarequest@courts.hawaii.gov](mailto:adarequest@courts.hawaii.gov) at least ten (10) days prior to your hearing or appointment date.

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

<b>MATRIMONIAL ACTION INFORMATION (Continued)</b>	CASE NUMBER FC-D No.
---	-------------------------

	FROM MONTH/YEAR	TO MONTH/YEAR	TERMINATED BY			STATE
			DIVORCE	ANNULMENT	DEATH	
Plaintiff's Prior Marriage(s)						
Plaintiff's Prior Civil Union(s)						
Defendant's Prior Marriage(s)						
Defendant's Prior Civil Union(s)						

**CHILDREN: ALL CHILDREN OF EITHER PARTY FROM YOUNGEST TO OLDEST**

CHILD'S FULL NAME	M/F	BIRTHDATE	LEGAL PARENT (PLAINTIFF, DEFENDANT, OR OTHER)	PRESENT CUSTODY	SCHOOL AND GRADE

**INFORMATION REQUIRED FOR CUSTODY OF PARTIES' CHILD(REN) TOGETHER**

CHILD(REN)'S PRESENT ADDRESS:

PLACE(S) WHERE AND PERSON(S) WITH WHOM THE CHILD(REN) HAVE LIVED WITHIN THE LAST FIVE YEARS AND DATES

ADDRESS	CARETAKERS	FROM MONTH/YEAR	TO MONTH/YEAR

PLAINTIFF  IS  IS NOT PREGNANT. EXPECTED DELIVERY DATE:  
 DEFENDANT  IS  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