STATE OF HAWAI'I FAMILY COURT FIRST CIRCUIT	**Request Regarding Confidential Adoption Records of the Family Court (Act 80 of 2016)**	CASE NUMBER FC-A No. _____

(Type or print in black ink)

1. **PRESENT NAME OF APPLICANT:** (First, middle, and last names)

_____

2. **APPLICANT'S RELATIONSHIP TO ADOPTEE (adopted child):** (check 1 box)
[ ] adoptee [ ] natural parent [ ] adoptive parent

3. **FULL NAME OF ADOPTEE** (First, middle, and last name) (state adoptee's name at birth or after adoption, whichever is known): _____

_____

4. **ADOPTEE'S BIRTHDATE:** _____ **BIRTH PLACE:** _____
Mm/dd/yyyy (City, State)

5. **NAME OF ADOPTIVE FATHER** (if known): _____

6. **NAME OF ADOPTIVE MOTHER** (if known): _____

7. **NAME OF NATURAL FATHER** (if known): _____

8. **NAME OF NATURAL MOTHER** (if known): _____

9. **REQUEST IS FOR:**
[ ] Inspection of records
[ ] Medical [ ] Ethnic Background information
[ ] Copy of Adoption Decree
[ ] Letter to CSEA confirming adoption
[ ] Other: _____

_____

10. **REASON FOR REQUEST**: _____

_____

_____

11. **APPLICANT'S MAILING ADDRESS:**

_____

_____

12. **APPLICANT'S TELEPHONE NUMBERS:** (include area codes)

_____ _____
(Home) (Cell)

(Court Use Only)

CLEAR FORM

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13. **APPLICANT DECLARES UNDER PENALTY OF PERJURY THAT THE STATEMENTS MADE HEREIN ARE TRUE AND CORRECT TO THE BEST OF HIS/HER KNOWLEDGE, INFORMATION, AND BELIEF.**

14. _____ _____
Date Applicant's Signature

Print Applicant's complete name: _____

Document Title: Request Regarding Confidential Adoption Records of the Family Court (Act 80 of 2016)

Document Date: _____ No. of Pages: 2 was subscribed and sworn to me on

_____ in _____, _____, by _____
(Date) (County) (State) (Print name of person who signed Request)

who personally appeared before me and to me known to be the person described in and who executed the foregoing document and acknowledge that s/he executed the same as his/her free act and deed.

_____
(Signature of Notary Public

_____
(Print Name of Notary Public)

Date: _____

My commission expires: _____ Affix Seal

FOR FAMILY COURT USE ONLY: (if Request is signed in front of court staff)

[ ] Picture ID verified Clerk's initials: _____

REQUEST IS: [ ] APPROVED [ ] DENIED

_____
Judge, Family Court of the First Circuit

Print Name of Judge: _____

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 Family Court office by telephone at 954-8200, fax no. 954-8308, or via email at adarequest@courts.hawaii.gov at least ten (10) days prior to your hearing or appointment date.

*Please call the Legal Research and Adoptions Unit at **954-8145** if you have any questions about this form.*