


<b>FAMILY COURT FIRST CIRCUIT STATE OF HAWAII</b>	<b>ADOPTION HEARING FLAG SHEET</b>	CASE NUMBER  FC-A No.
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In the Matter of the Adoption of A <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE CHILD, Born on: _____ A <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE CHILD, Born on: _____ A <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE CHILD, Born on: _____ A <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE CHILD, Born on: _____ <div style="text-align: center;">by</div> <input type="checkbox"/> legal spouse of <input type="checkbox"/> civil union partner of <input type="checkbox"/> and <input type="checkbox"/> the child(ren)'s legal parent <input type="checkbox"/> a married couple <input type="checkbox"/> civil union partners <input type="checkbox"/> an unmarried person <div style="text-align: right;">Petitioner(s).</div>	<input type="checkbox"/> ATTORNEY FOR PETITIONER(S) <input type="checkbox"/> PETITIONER(S) PRO SE  Name _____  Address _____  City, State, Zip Code _____  Telephone Number _____  E-Mail Address _____
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I. Type of Adoption: ('x' all that apply) <input type="checkbox"/> Consent <input type="checkbox"/> Non-Consent <input type="checkbox"/> Step-parent <input type="checkbox"/> Relative: _____ <div style="text-align: right;">(Relationship to Child)</div> <input type="checkbox"/> Agency: _____ <div style="text-align: center;">(Name of Agency)</div> II. Consent(s) have been obtained from the following person(s)/agency: ('x' all that apply) <input type="checkbox"/> Mother <input type="checkbox"/> Legal Only Father <input type="checkbox"/> Child(ren) 10 years and older <input type="checkbox"/> Natural and Legal Father <input type="checkbox"/> Legal Guardian(s) <input type="checkbox"/> Agency: _____ <input type="checkbox"/> Natural/Adjudicated Father <input type="checkbox"/> Legal Custodian(s) <input type="checkbox"/> Other: _____ II. Consent(s) have <b>not</b> been obtained from the following person(s)/agency: ('x' all that apply) <input type="checkbox"/> Mother <input type="checkbox"/> Legal Only Father <input type="checkbox"/> Child(ren) 10 years and older <input type="checkbox"/> Natural and Legal Father <input type="checkbox"/> Legal Guardian(s) <input type="checkbox"/> Agency: _____ <input type="checkbox"/> Natural/Adjudicated Father <input type="checkbox"/> Legal Custodian(s) <input type="checkbox"/> Other: _____ III. Consent(s) of person(s) in paragraph III may be dispensed with and is not required because:  _____ _____ _____ _____	<div style="border: 1px solid black; height: 150px; width: 100%;"></div>
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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 954-8308, or [adarequest@courts.hawaii.gov](mailto:adarequest@courts.hawaii.gov) at least ten (10) working days prior to your hearing or appointment date.

***Please call the Family Court Service Center, at 954-8290, if you have any questions about procedures or how to fill out this form.***

COURT USE ONLY

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V. The following exhibits/documents have been filed:

- ☐ Certified copy of each child's birth certificate
- ☐ Petitioner's marriage certificate
- ☐ Marriage certificate of adult adoptee
- ☐ Death Certificate for child(ren)'s ☐ mother ☐ father
- ☐ Divorce Decree for: (name which Petitioner) \_\_\_\_\_
- ☐ Order Appointing Legal Custodian or Guardian of the child(ren)
- ☐ Paternity Judgment for child(ren)
- ☐ Certified copy of the Judgment of Termination of Parental Rights
- ☐ Certified copy of the Order Awarding Permanent Custody
- ☐ Affidavit of Birth Background
- ☐ Foreign Adoption Placement Agency's Affidavit
- ☐ Medical certificate for each child
- ☐ Statement of Mailing of Notice to DHS (Department of Human Services)

VI. Have any foreign language documents been translated into English? ☐ Yes ☐ No

VII. The following documents have been given to the Adoption Clerk:

- ☐ DOH Medical Information form, Birth Parent's Consent to Release of Information
- ☐ Mother's medical records of the child(ren)'s birth and Mother's Consent to Release
- ☐ Copy of Adoption Information Sheet

VIII. List any missing documents, which are required by statute, rule, or official memorandum:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

IX. Does Interstate Compact on the Placement of Children (ICPC) apply? ☐ Yes ☐ No  
 If yes, have all the requirement of ICPC been met? ☐ Yes ☐ No

X. Does the Indian Child Welfare Act (ICWA) apply to this case? ☐ Yes ☐ No  
 If yes, have all requirements of ICWA been met? ☐ Yes ☐ No

XI. Are you aware of any opposition or objection to the Petition? ☐ Yes ☐ No  
 If yes, by whom (include relationship to child(ren) and reason(s) for objection, if known)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**The undersigned Attorney or Petitioner(s) Pro Se hereby certifies that to the best of his or her knowledge and belief, all of the foregoing are true and correct.**

DATE	SIGNATURE OF ATTORNEY OR PETITIONER PRO SE
DATE	SIGNATURE OF ATTORNEY OR PETITIONER PRO SE