

Name, Address & Phone Number
(If Attorney filing, type Name, Address & Phone Number)

[] Plaintiff, Pro Se [] Defendant, Pro Se
[] Attorney for [] Plaintiff [] Defendant

IN THE FAMILY COURT OF THE SECOND CIRCUIT
STATE OF HAWAII

)	FC-D NO. _____
)	
Plaintiff,)	MATRIMONIAL ACTION
)	INFORMATION
VS.)	
)	
)	
)	
Defendant.)	

MATRIMONIAL ACTION INFORMATION

ITEM	PLAINTIFF		DEFENDANT	
FULL NAME				
BIRTH OR MAIDEN NAME				
ADDRESS STREET, APT. NO.				
TOWN, STATE, ZIP CODE COUNTY				
PHONE NUMBERS	HOME/CELL	WORK	HOME/CELL	WORK
SOCIAL SECURITY NUMBER	XXX-XX-____		XXX-XX-____	

ITEM	PLAINTIFF			DEFENDANT		
YEAR OF BIRTH						
PLACE OF BIRTH (STATE OR COUNTY)						
RACE						
HIGHEST GRADE COMPLETED						
HAWAI'I RESIDENT SINCE						
2 ND 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 [] NOT SEPARATED	DATE			COUNTY/STATE		
	FROM	TO	TERMINATED BY			STATE
	MONTH/YEAR	MONTH/YEAR	DIVORCE	ANNULMENT	DEATH	
PLAINTIFF'S PRIOR MARRIAGES OR CIVIL UNIONS						
DEFENDANT'S PRIOR MARRIAGES OR CIVIL UNIONS						
CHILDREN: ALL CHILDREN OF EITHER PARTY FROM YOUNGEST TO OLDEST						
CHILD'S INITIALS	M/F	YEAR OF BIRTH	LEGAL PARENT	PRESENT CUSTODY	SCHOOL AND GRADE	
			(PLAINTIFF, DEFENDANT OR OTHER)			

INFORMATION REQUIRED FOR CUSTODY

CHILD(REN)'S PRESENT ADDRESS:

PLACES WHERE AND PERSON(S) WITH WHOM THE CHILD(REN) HAVE LIVED WITHIN THE LAST FIVE (5) YEARS AND DATES:

ADDRESS	CARETAKERS	FROM MONTH/YR	TO MONTH/YR

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

Americans with Disabilities Act Notice



If you need an accommodation for a disability when participating in a court program, service, or activity, please contact the ADA Coordinator as soon as possible to allow the court time to provide an accommodation:

Call (808) 244-2855 FAX (808) 244-2932 OR Send an e-mail to: adarequest@courts.hawaii.gov. The court will try to provide, but cannot guarantee, your requested auxiliary aid, service or accommodation.