

<b>STATE OF HAWAII FAMILY COURT SECOND CIRCUIT</b>	<b>KIDS FIRST INFORMATION SHEET</b>	<b>CASE NUMBER</b>  <b>FC-P:</b>
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<u><b>PLAINTIFF</b></u>	<u><b>DEFENDANT</b></u>
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NAME: _____	NAME: _____
MOTHER/FATHER(circle)	MOTHER/FATHER(circle)
MAILING ADDRESS: _____	MAILING ADDRESS: _____
TELEPHONE: _____	TELEPHONE: _____

  

**DATE OF PROGRAM: WEDNESDAY,** \_\_\_\_\_

  

<u><b>C-H-I-L-D-R-E-N</b></u>				
<u><b>INITIALS OF CHILDREN</b></u>	<u><b>SEX</b></u>	<u><b>AGE</b></u>	<u><b>DATE OF BIRTH</b></u>	<u><b>LIVING W/WHOM?</b></u>

  

1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____

  

**ACTIVE RESTRAINING ORDER BETWEEN PARTIES**      Yes ☐      No ☐

  

IF EITHER PARENT LIVES ON THE ISLAND OF OAHU, HAWAII OR KAUAI, THAT PARENT MAY ATTEND THAT ISLAND'S SEPARATION/DIVORCE EDUCATION PROGRAM. FOR FURTHER INSTRUCTIONS CALL OAHU KIDS FIRST PROGRAM - 954-8280, HILO - 896-6465, KONA - 987-1046, OR KAUAI - 482-2350.

  

DO NOT WRITE BELOW THIS LINE FOR STAFF USE ONLY

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<u><b>ATTENDED</b></u> (Y/N)	<u><b>NOTES</b></u>	<u><b>VERIFICATION</b></u>
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FATHER	_____	_____
MOTHER	_____	_____
CHILD 1	_____	_____
CHILD 2	_____	_____
CHILD 3	_____	_____
CHILD 4	_____	_____
CHILD 5	_____	_____

  

**COMMENTS:** \_\_\_\_\_

\_\_\_\_\_

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