

Please affix this form to a manila envelope containing medical information. Do not file these documents. Submit the unsealed envelope when filing your petition for adoption with Legal Documents or to the Family Court Adoption Clerk if presented after the petition has been filed.

IN THE FAMILY COURT OF THE SECOND CIRCUIT
STATE OF HAWAII

In the Matter of Adoption of) FC-A NO.
)
A MALE FEMALE CHILD)
Born on:)
)
by)
)
)
 the legal spouse of and)
)
 the child(ren)'s legal parent)
 husband and wife civil union partners)
 an unmarried person)
)
Petitioner(s).)
_____)

Included in this envelope are the following forms:

- Medical Information Form for:
- Natural Mother
 - Natural Father
- Medical Record Release of the above data for:
- Natural Mother
 - Natural Father
- Mother's medical records of the child(ren)'s birth and mother's release of these records.

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.