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

] Petitioner(s), Pro Se [] Attorney for Petitioner(s)

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IN THE FAMILY COURT OF THE SECOND CIRCUIT STATE OF HAWAI'I

In the Matter of	[]FEMALE)	FC-A NO
A [JMALE Born on: A []MALE Born on:		LIST OF EXHIBITS [] SUPPLEMENTAL
A []MALE Born on:	[]FEMALE	
	by)
[] the legal sp	ouse of [] and	
 [] the child(ren)'s legal parent [] husband and wife [] civil union partners [] an unmarried person 		
	Petitioner(s)	
EXHIBIT NUMBE	R	DESCRIPTION OF EXHIBIT

EXHIBIT NUMBER	DESCRIPTION OF EXHIBIT
DATE	 SIGNATURE OF [] ATTORNEY OF PETITIONER [] PETITIONER, PRO SE
	PRINTED NAME

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.