

<p>STATE OF HAWAI'I FAMILY COURT OF THE FIRST CIRCUIT</p>		
<p>This document is prepared by <input type="checkbox"/> Self-Represented <input type="checkbox"/> Petitioner/Plaintiff <input type="checkbox"/> Respondent/Defendant <input type="checkbox"/> Attorney for <input type="checkbox"/> Petitioner/Plaintiff <input type="checkbox"/> Respondent/Defendant</p> <p>_____</p> <p>Name (and if applicable, Attorney No.)</p> <p>_____</p> <p>Address</p> <p>_____</p> <p>City, State, Zip Code</p> <p>_____</p> <p>Telephone Number</p> <p>_____</p> <p>E-Mail Address</p>		
<p>CASE NAME</p>	<p>CASE ID/NUMBER</p>	
<p>TITLE OF DOCUMENT</p>		

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[] **B. MODIFICATION OF CHILD SUPPORT:** Child support should be increase decreased
 terminated suspended because the circumstances of the parties and/or the subject child(ren) have
changed materially since the last child support order as follows:

C. THE CHILD(REN)

1. The parties are the parents of the following child(ren):

<u>NAME (First, Middle, Last)</u>	<u>DATE OF BIRTH</u>
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2. The child(ren) whose custody/visitation is/are requested to be changed (“subject children”) is/are:

3. The current address(es) of the subject child(ren) is/are: _____

4. The address(es) where the subject child(ren) lived in the past five (5) years is/are: _____

5. The name(s) and current address(es) of the person(s) with whom the subject child(ren) lived in the past
five (5) years is/are: _____

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6. I do not know of any other person, not a party to this case, who is not identified in paragraph C.5. above and who (a) has had physical custody of the subject child(ren) in the past and/or (b) claims to have custody/visitation rights with respect to the subject child(ren).

The following other person(s) have/had the physical custody of the subject child(ren) in the past and/or claims to have custody/visitation rights with respect to the subject child(ren): _____

7a. COURT CASES INVOLVING THE SUBJECT CHILD(REN) AND PARTIES

(include all cases, divorce, paternity, adoption, restraining order, etc.)

See Hawai'i Paternity Action Information Sheet

Case Name: _____ Case No.: _____

Location of Court: _____ Type of Case: _____ Date of Last Court Order: _____

Parties' Names and Children Involved: _____

Case Name: _____ Case No.: _____

Location of Court: _____ Type of Case: _____ Date of Last Court Order: _____

Parties' Names and Children Involved: _____

Case Name: _____ Case No.: _____

Location of Court: _____ Type of Case: _____ Date of Last Court Order: _____

Parties' Names and Children Involved: _____

Case Name: _____ Case No. : _____

Location of Court: _____ Type of Case: _____ Date of Last Court Order: _____

Parties' Names and Children Involved: _____

Case Name: _____ Case No.: _____

Location of Court: _____ Type of Case: _____ Date of Last Court Order: _____

Parties' Names and Children Involved: _____

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- 7b. I have not participated in the past as a party, witness, or in any other capacity in any court case in Hawai'i or anywhere else involving the subject child(ren) other than this case.
- 7c. I do not know of any custody proceeding currently pending in Hawai'i or anywhere else involving the subject child(ren) other than this case.
8. Mediation has not been attempted.
 Mediation was conducted by _____ on (date) _____.
9. Other attempts/efforts to resolve the issues in this motion were: _____

D. ENFORCEMENT/RELIEF

- [] 1. The other parent has failed to pay child support as required by the order(s) and/or judgment.
- a. The order or judgment was filed on (date) _____.
- b. The child support amount is \$ _____ per child per month or \$ _____ total per month.
- c. The arrears (past due child support) to date is _____ and this amount is owed to me
 the State of Hawai'i Other: _____.
- [] 2. The other parent has failed to comply with the order(s) and/or judgment filed on _____
as follows: _____

- [] 3. The enforcement relief I seek is:
- a. A determination of support arrears (past due child support) and payment plan.
- b. The entry of a judgment against the other parent for arrears (past due child support).
- c. An order directing the other parent to reimburse me for all of the legal expenses I have incurred.
- d. An order requiring mediation on the issue(s) raised in this motion.
- e. Other: _____

[] E. **OTHER MODIFICATION** of the prior orders herein are requested as follows: _____

These modifications are requested because: _____

I hereby declare under penalty of law that the foregoing is true and correct.

MOVANT'S SIGNATURE

DATE



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 via email at adarequest@courts.hawaii.gov at least ten (10) days prior to your hearing or appointment date.

*Please call the Family Court Service Center at 954-8290
if you have any questions about forms or procedures.*