

STATE OF HAWAII FAMILY COURT FIRST CIRCUIT	HAWAII PATERNITY ACTION INFORMATION	CASE NUMBER FC-P No.
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<div style="border-bottom: 1px solid black; padding-bottom: 5px;"> <input type="checkbox"/> CHILD SUPPORT ENFORCEMENT AGENCY, STATE OF HAWAII, and </div> <div style="text-align: center; padding: 10px 0;">v.</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> <input type="checkbox"/> CHILD SUPPORT ENFORCEMENT AGENCY, STATE OF HAWAII, </div>	This document was prepared by: <input type="checkbox"/> Petitioner Pro Se <input type="checkbox"/> Defendant Pro Se Attorney for <input type="checkbox"/> Petitioner <input type="checkbox"/> Defendant _____ Name (If attorney, include attorney license number) _____ Address _____ City, State, Zip Code _____ Telephone Number _____
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INSTRUCTIONS: This form **MUST** be completed and filed with any petition or motion filed in paternity actions.
 Failure to comply with completing this document will prevent the case from receiving a hearing date. **CHECK AND
 COMPLETE ALL THAT APPLY:**

1. This case is a/an ☐ Initial Petition for ☐ Paternity ☐ Custody, Visitation & Support Orders After VEP
☐ Motion ☐ _____

2. The prior related cases involving either the Mother, Father, Child(ren) and Caretaker (if applicable) is/are
 (include all cases, divorce, paternity, guardianship, adoption, restraining order, etc.):

a. Case Name: _____ Case Number: _____
 Location of Court: _____ Type of Case: _____ Date of Last Court Order: _____
 Parties' Names and Child(ren) Involved: _____

b. Case Name: _____ Case Number: _____
 Location of Court: _____ Type of Case: _____ Date of Last Court Order: _____
 Parties' Names and Child(ren) Involved: _____

c. Case Name: _____ Case Number: _____
 Location of Court: _____ Type of Case: _____ Date of Last Court Order: _____
 Parties' Names and Child(ren) Involved: _____

3. The issue(s) on which the parties cannot agree on is/are:
☐ Paternity ☐ Child Support Establishment
☐ Genetic ☐ Child Support Modification
☐ Legal Custody ☐ Child Support Enforcement
☐ Physical Custody ☐ Past Child Support Owing to:
☐ Visitation ☐ Mother ☐ Father ☐ DHS ☐ Other
☐ Birth Related ☐ Other: _____
☐ NONE, this case is uncontested with all issues agreed upon by the parties.

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 Office at the First Circuit Family Court office by telephone at 954-8200, fax 954-8212, or via email at adarequest@courts.hawaii.gov at least ten (10) working days prior to your hearing or appointment date.

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

COURT USE ONLY

INFORMATION REQUIRED REGARDING MOTHER AND ALL FATHERS						
	MOTHER		ALLEGED NATURAL FATHER		LEGAL ONLY FATHER	
Full Name (First, Middle, Last)						
All Former Names						
Street Address Apt. No.						
City, State, Zip Code						
Phone Numbers	HOME	WORK/CELL	HOME	WORK/CELL	HOME	WORK/CELL
Social Security No.	xxx - xx - _____ (last 4 digits only)		xxx - xx - _____ (last 4 digits only)		xxx-xx- _____ (last 4 digits only)	
Date of Birth						
Place of Birth						
Race or Ethnicity						
No. Of Marriages						
Primary Employer (Name, Address, and Telephone Number)						
Job Title						
Work Schedule						
Length of Service						
Gross Monthly Income	Primary	Secondary	Welfare	Primary	Secondary	Welfare
Amount of Monthly Court Ordered Child Support						
Name(s) of Child(ren) for Whom Child						
Where Child Support Order(s) Issued						

INFORMATION REQUIRED FOR CUSTODY/VISITATION

***List all children for whom you are requesting custody/visitation in this paternity action**

1. Child's Full Name: _____
Birthdate: _____ Sex: ☐ Male ☐ Female Birth Place: _____
Current Address: _____
School and Grade: _____
Is Child Protective Services (CPS) Currently Involved? ☐ Yes ☐ No
2. Child's Full Name: _____
Birthdate: _____ Sex: ☐ Male ☐ Female Birth Place: _____
Current Address: _____
School and Grade: _____
Is CPS Currently Involved? ☐ Yes ☐ No
3. Child's Full Name: _____
Birthdate: _____ Sex: ☐ Male ☐ Female Birth Place: _____
Current Address: _____
School and Grade: _____
Is CPS Currently Involved? ☐ Yes ☐ No
4. Child's Full Name: _____
Birthdate: _____ Sex: ☐ Male ☐ Female Birth Place: _____
Current Address: _____
School and Grade: _____
Is CPS Currently Involved? ☐ Yes ☐ No

OTHER CHILD(REN) OF EITHER PARTY

(after the child's name, indicate (MO) for Mother's child (FA) for Father's child)

1. Child's Full Name: _____
Birthdate: _____ Sex: ☐ Male ☐ Female Birth Place: _____
Current Address: _____
School and Grade: _____
Is Child Protective Services (CPS) Currently Involved? ☐ Yes ☐ No
2. Child's Full Name: _____
Birthdate: _____ Sex: ☐ Male ☐ Female Birth Place: _____
Current Address: _____
School and Grade: _____
Is CPS Currently Involved? ☐ Yes ☐ No

OTHER CHILD(REN) OF EITHER PARTY (continued)
(after the child's name, indicate (MO) for Mother's child (FA) for Father's child)

3. Child's Full Name: _____

Birthdate: _____ Sex: ☐ Male ☐ Female Birth Place: _____

Current Address: _____

School and Grade: _____

Is Child Protective Services (CPS) Currently Involved? ☐ Yes ☐ No

4. Child's Full Name: _____

Birthdate: _____ Sex: ☐ Male ☐ Female Birth Place: _____

Current Address: _____

School and Grade: _____

Is CPS Currently Involved? ☐ Yes ☐ No

**PLACES WHERE AND PEOPLE WITH WHOM THE CHILD(REN) IN THIS CASE
HAVE LIVED WITHIN THE LAST FIVE (5) YEARS AND DATES**

ADDRESS	CARETAKERS (Mother, Father, Other)	FROM Month/Year TO Month/Year

**I, THE UNDERSIGNED, DO DECLARE UNDER PENALTY OF LAW THAT
THE FOREGOING IS TRUE AND CORRECT.**

DATE	SIGNATURE
	PRINT NAME: