

STATE OF HAWAI'I FAMILY COURT FIRST CIRCUIT	MOTION FOR RELIEF AFTER JUDGMENT OR ORDER AND DECLARATION	CASE NUMBER FC-P No.
<div style="border-bottom: 1px solid black; padding-bottom: 5px;"> <input type="checkbox"/> CHILD SUPPORT ENFORCEMENT AGENCY, STATE OF HAWAI'I, </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="border-bottom: 1px solid black; width: 30%;"> <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> CARETAKER </div> <div style="text-align: center; width: 40%;"> PETITIONER(S), v. </div> <div style="border-bottom: 1px solid black; width: 30%;"> <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> CARETAKER </div> </div> <div style="border-bottom: 1px solid black; margin-top: 10px;"> <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> CARETAKER </div> <div style="border-bottom: 1px solid black; margin-top: 10px;"> <input type="checkbox"/> and CHILD SUPPORT ENFORCEMENT STATE OF HAWAI'I, </div> <div style="text-align: center; margin-top: 10px;"> DEFENDANT(S). </div>	This document was prepared by: <input type="checkbox"/> Movant <input type="checkbox"/> Attorney for Movant <hr/> Name <hr/> Address <hr/> <div style="display: flex; justify-content: space-between;"> City State Zip Code </div> <hr/> Telephone Number <hr/> ATTACHMENTS: <input type="checkbox"/> PATERNITY FINANCIAL INFORMATION SHEET <input type="checkbox"/> CHILD SUPPORT GUIDELINES WORKSHEET <input type="checkbox"/> COPY OF LAST THREE (3) PAY STUBS <input type="checkbox"/> HAWAI'I PATERNITY ACTION INFORMATION <input type="checkbox"/> PROPOSED PARENTING PLAN <input type="checkbox"/> _____ <input type="checkbox"/> HEARING SCHEDULING ORDER	
<p>I am the <input type="checkbox"/> Petitioner <input type="checkbox"/> Defendant in this case. I am referred to as the Movant in this motion. The other party/parties is/are referred to as Respondent(s) in this motion. Pursuant to Rule 7 of the Hawai'i Family Court Rules and Rules of the Circuit Courts, I seek the following relief:</p> <p>(IF A MODIFICATION OR CHANGE OF CUSTODY, VISITATION, AND/OR CHILD SUPPORT IS REQUESTED, THE MOVANT'S PATERNITY FINANCIAL INFORMATION SHEET AND COPIES OF LAST THREE (3) PAY STUBS MUST BE ATTACHED.)</p> <p><input type="checkbox"/> A. MODIFICATION OR CHANGE OF CUSTODY AND/OR VISITATION <input type="checkbox"/> Legal custody <input type="checkbox"/> physical custody and/or <input type="checkbox"/> visitation should be modified or changed as follows:</p> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div>		

These modifications or changes are requested because:

☐ additional sheet attached.

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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>

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: _____

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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: _____

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[] 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.*