

\_\_\_\_\_  
NAME

\_\_\_\_\_  
STREET ADDRESS OR P. O. BOX

\_\_\_\_\_  
CITY, STATE, ZIP CODE

\_\_\_\_\_  
TELEPHONE NUMBER

[ ] Petitioner, Pro Se [ ] Attorney for Petitioner

IN THE FAMILY COURT OF THE FIRST CIRCUIT

STATE OF HAWAI'I

_____	)	FC-P No. _____
	)	
_____	)	PETITION FOR PATERNITY or
(Your First, Middle, and Last Name)	)	FOR CUSTODY, VISITATION, and
	)	SUPPORT ORDERS AFTER VOLUNTARY
PETITIONER,	)	ESTABLISHMENT OF PATERNITY
v.	)	
	)	
_____	)	Attachments:
	)	[ ] Attachment for Information on Additional
	)	Children
_____	)	[ ] Birth Certificate(s) of Child(ren)
(First, Middle, and Last Name of other parent,	)	[ ] Paternity Financial Information Sheet
caretaker, and legal father, if any, in capital letters)	)	[ ] Child Support Guidelines Worksheet
and	)	[ ] Hawai'i Paternity Action Information Sheet
CHILD SUPPORT ENFORCEMENT AGENCY,	)	[ ] Proposed Parenting Plan
STATE OF HAWAI'I,	)	[ ] Summons
DEFENDANT(S).	)	[ ] Other: _____
_____	)	

PETITION FOR PATERNITY or  
FOR CUSTODY, VISITATION, and SUPPORT ORDERS  
AFTER VOLUNTARY ESTABLISHMENT OF PATERNITY

I, \_\_\_\_\_, (hereinafter  
(Your Name)

Petitioner), a resident of the City and County of Honolulu, State of Hawai'i, seek to establish paternity or obtain a custody, visitation, and support order after voluntary establishment of paternity, and request other relief pursuant to Hawai'i Revised Statutes chapters 346, 571, 576D, and 584. Upon information and belief, Petitioner alleges the following:

1. **CHILD(REN): (NOTE: EACH CHILD NAMED IN THIS PETITION SHOULD HAVE THE SAME MOTHER AND NATURAL FATHER. IF YOU ARE SEEKING TO ESTABLISH PATERNITY FOR CHILDREN WITH DIFFERENT NATURAL FATHERS, A SEPARATE PETITION SHOULD BE FILED FOR EACH NATURAL FATHER.)**

The child(ren) involved in this case is/are alive and has/have not been adopted or emancipated. Information regarding the child(ren) is as follows:

1A. Child's Full Name: \_\_\_\_\_

Male  Female Birthdate: \_\_\_\_\_ Birth Place: \_\_\_\_\_

Child's Current Address: \_\_\_\_\_

School and Grade: \_\_\_\_\_

Is CPS Involved?  Yes  No

1B. Child's Full Name: \_\_\_\_\_

Male  Female Birthdate: \_\_\_\_\_ Birth Place: \_\_\_\_\_

Child's Current Address: \_\_\_\_\_

School and Grade: \_\_\_\_\_

Is CPS Involved?  Yes  No

1C. Child's Full Name: \_\_\_\_\_

Male  Female Birthdate: \_\_\_\_\_ Birth Place: \_\_\_\_\_

Child's Current Address: \_\_\_\_\_

School and Grade: \_\_\_\_\_

Is CPS Involved?  Yes  No

1D. Child's Full Name: \_\_\_\_\_

Male  Female Birthdate: \_\_\_\_\_ Birth Place: \_\_\_\_\_

Child's Current Address: \_\_\_\_\_

School and Grade: \_\_\_\_\_

Is CPS Involved?  Yes  No

1E. Child's Full Name: \_\_\_\_\_

Male  Female Birthdate: \_\_\_\_\_ Birth Place: \_\_\_\_\_

Child's Current Address: \_\_\_\_\_

School and Grade: \_\_\_\_\_

Is CPS Involved?  Yes  No

PLACES WHERE AND PEOPLE WITH WHOM THE CHILD(REN) HAS/HAVE LIVED WITHIN THE LAST FIVE (5) YEARS AND DATES:

ADDRESS	CHILD LIVED WITH	FROM	TO

**2. THE PARTIES TO THIS ACTION ARE:** (Check all that apply)

2A. **MOTHER:**

Name: \_\_\_\_\_

Also Known As: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Gross Monthly Income: \$ \_\_\_\_\_ Employer: \_\_\_\_\_

Resident of: City: \_\_\_\_\_ State: \_\_\_\_\_

2B. **THE FOLLOWING PERSON'S NAME APPEARS AS FATHER ON THE CHILD(REN)'S BIRTH CERTIFICATE** (For children born July 1, 1999 and after.

Name: \_\_\_\_\_

Also Known As: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Gross Monthly Income: \$ \_\_\_\_\_ Employer: \_\_\_\_\_

Resident of: City: \_\_\_\_\_ State: \_\_\_\_\_

Mother and Father signed a Voluntary Acknowledgment of Paternity at:

the Hospital where Mother gave birth.  the Hawai'i State Department of Health.

2C. **THE FOLLOWING PERSON HAD SEXUAL RELATIONS WITH MOTHER DURING THE CHILD(REN)'S CONCEPTION PERIOD AND IS THE CHILD(REN)'S NATURAL FATHER:** (For children born prior to July 1, 1999 and/or no father listed on birth certificate.)

Name: \_\_\_\_\_

Also Known As: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Gross Monthly Income: \$ \_\_\_\_\_ Employer: \_\_\_\_\_

Resident of: City: \_\_\_\_\_ State: \_\_\_\_\_

[ ] 2D. **THE FOLLOWING PERSON IS THE LEGAL ONLY FATHER AS HE WAS MARRIED TO MOTHER AT THE TIME OF THE CHILD(REN)'S BIRTH or HE AND MOTHER ARE DIVORCED, HOWEVER, THE CHILD(REN) WAS/WERE BORN WITHIN 300 DAYS OF SAID DIVORCE. HE IS NOT THE NATURAL FATHER OF SAID CHILD(REN).**

Name: \_\_\_\_\_

Also Known As: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Gross Monthly Income: \$ \_\_\_\_\_ Employer: \_\_\_\_\_

Resident of: City: \_\_\_\_\_ State: \_\_\_\_\_

Mother and Legal Father were married on (date): \_\_\_\_\_

Mother and Legal Father were divorced on (date): \_\_\_\_\_

3. **CUSTODIAL CARETAKER:** The following agency or person, other than a parent of the child(ren) has physical custody of the child(ren):

CHILD PROTECTIVE SERVICES (CPS)

OTHER: Name: \_\_\_\_\_

Also Known As: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Resident of: City: \_\_\_\_\_ State: \_\_\_\_\_

4. **BIRTH EXPENSES:** The Department of Human Services (DHS) and/or either parent may have made payments which resulted from or were incident to the Mother's pregnancy, the birth of the child(ren), and post-natal care and treatment of the child(ren). The payments may create a debt due, pursuant to the law, to the DHS and/or either parent.

5. **PAST GOVERNMENT BENEFITS (WELFARE/QUEST/FOOD STAMPS):**

[ ] 5A. The DHS may have provided government benefits for the child(ren) and the payments create a debt due and owing to the DHS by Father or Mother pursuant to the law.

[ ] 5B. The child(ren) has/have not received government benefits in the past.

6. **GOVERNMENT BENEFITS FOR THE CHILD(REN):** The child(ren) are currently receiving government benefits: (check all that apply and include monthly amounts)

AFDC/TANF \$ \_\_\_\_\_  SSI/SSDI \$ \_\_\_\_\_

Food Stamps \$ \_\_\_\_\_  Other: \_\_\_\_\_ \$ \_\_\_\_\_

None of the child(ren) named in this *Petition* are receiving government benefits at this time.

7. **MEDICAL HEALTH/DENTAL INSURANCE:** The child(ren) are currently covered under:

HMSA  Kaiser  Quest  AlohaCare  Other: \_\_\_\_\_

paid by  Mother  Father  Legal Father  State of Hawai'i  \_\_\_\_\_

8. **OTHER LEGAL PROCEEDINGS:** My participation as a party in other legal proceedings involving any of the Defendant(s) and/or Child(ren) is as follows:

See Hawai'i Paternity Action Information Sheet

[ ] 8A. Case Name: \_\_\_\_\_

Case Number: \_\_\_\_\_ Location of Court: \_\_\_\_\_

Date Filed: \_\_\_\_\_ Date Concluded: \_\_\_\_\_

Type of Case: \_\_\_\_\_

[ ] 8B. Case Name: \_\_\_\_\_

Case Number: \_\_\_\_\_ Location of Court: \_\_\_\_\_

Date Filed: \_\_\_\_\_ Date Concluded: \_\_\_\_\_

Type of Case: \_\_\_\_\_

See attached page for additional cases.

[ ] 8C. I am not now, nor have I been in the past, a party to any other legal proceeding involving any of the Defendants and/or Child(ren).

9. **OTHER CHILD SUPPORT ENFORCEMENT AGENCY PROCEEDINGS:**

[ ] 9A. There is a current child support order for the following named child(ren):

\_\_\_\_\_

Case Number: \_\_\_\_\_ The child support amount is \$ \_\_\_\_\_ per month

paid by  Mother  Father to  Mother  Father  Caretaker: \_\_\_\_\_

This child support obligation was determined on (date) \_\_\_\_\_

by [ ] Hawai'i Family Court

[ ] Hawai'i Administrative Order by:

the Office of Child Support Hearings (Kapolei)

the Child Support Enforcement Agency (Kapolei)

[ ] \_\_\_\_\_

[ ] 9B. There is a pending administrative child support hearing at the Office of Child Support Hearings (Kapolei) which is scheduled for (date) \_\_\_\_\_.

[ ] 9C. There is/are no child support obligation/order for the child/any of the children.

10. **OTHER INFORMATION:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PETITIONER BELIEVES THAT IT IS IN THE BEST INTERESTS OF THE CHILD(REN)  
THAT THE COURT ENTER THE FOLLOWING ORDERS:**

[ ] 1. **PATERNITY:** \_\_\_\_\_  
(Full Name of Natural Father)

be adjudged the legal and natural father of the child(ren).

[ ] 2. **LEGAL CUSTODY** of the child(ren) be awarded to:

MOTHER     FATHER     MOTHER AND FATHER, JOINTLY

CARETAKER: \_\_\_\_\_

OTHER: \_\_\_\_\_

The issue of legal custody should be reserved.

[ ] 3. **PHYSICAL CUSTODY** of the child(ren) be awarded to:

MOTHER     FATHER     MOTHER AND FATHER, JOINTLY

CARETAKER: \_\_\_\_\_

OTHER: \_\_\_\_\_

The issue of physical custody should be reserved.

[ ] 4. **VISITATION** of the child(ren) be awarded to:

MOTHER     FATHER subject to the following schedule:

(include days and times) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

reasonable visitation, as mutually agreed upon by the parties.

to be decided upon by the Court.

no visitation until further order of the Family Court because: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The issue of visitation should be reserved.

[ ] 5. **CHILD SUPPORT** for the child(ren) to be paid  MOTHER  FATHER. Child support for each child should continue uninterrupted (including summers and vacations) as long as each child continues his/her education post high school on a full-time basis at an accredited college, university, vocational, or technical school, or until each child attains the age of 23 years, whichever event occurs first or as ordered by the Court.

5A. Child support should be determined by the Child Support Guidelines Worksheet.

5B. Child support should be \$ \_\_\_\_\_ per child per month for a total of \$ \_\_\_\_\_ per month, based upon the Child Support Guidelines Worksheet.

5C. Child support should be reserved as the parties and the child(ren) are an intact family.

5D. Child support should be reserved for a court of competent jurisdiction.

[ ] 6. **MEDICAL/HEALTH/DENTAL INSURANCE** for the child(ren) should be provided by:  
 MOTHER  FATHER.

[ ] 7. **BIRTH EXPENSES** of the child(ren) to be as follows:  
 MOTHER  FATHER be ordered to pay for all expenses resulting from or incident the pregnancy, birth of the child(ren), and postnatal care and treatment of the child(ren), in the amounts proven to the Court.

DHS may be entitled to reimbursement for birth expenses.

[ ] 8. **PAST SUPPORT** of the child(ren) to be as follows:  
 The non-custodial parent should be ordered to reimburse the custodial parent and DHS, if appropriate, for the past support of the child(ren).  
 The non-custodial parent(s) should be ordered to pay for the support, maintenance, and education of the child(ren) from \_\_\_\_\_.  
 Custodial parent is requesting past child support of \$ \_\_\_\_\_ which is based on \_\_\_\_\_.

9. **OTHER RELIEF**

The Court grant other relief as may be appropriate and equitable under the provisions of Chapters 346, 571, 576D, and 584 of the Hawai'i Revised Statutes.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATION:**

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

DATED: [ ] Kapolei, [ ] Honolulu, Hawai'i, \_\_\_\_\_.

\_\_\_\_\_  
(Your Signature)

\_\_\_\_\_  
(Print Your Name)



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](mailto: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.*