

Kids First Coordinator  
Ronald T.Y. Moon Kapolei Courthouse  
4675 Kapolei Parkway  
Kapolei, HI 96707

Date: \_\_\_\_\_

**Re: Request to be excused from attending the Kids First Program**

Case number:  FC-D  FC-P  FC-CU Case Number : \_\_\_\_\_

Case names: \_\_\_\_\_

1. Names of person(s) who want to be excused: \_\_\_\_\_

\_\_\_\_\_

2. Date of Marriage: \_\_\_\_\_ 3. Date of Separation: \_\_\_\_\_

4. Date scheduled to attend Kids First: \_\_\_\_/\_\_\_\_/\_\_\_\_  Honolulu or  Kapolei

5. Is there a Restraining Order?  Yes  No

6. Date attended Kids First within the past 2 years: \_\_\_\_\_

a.  FC-D  FC-P  FC-CU Case Number: \_\_\_\_\_

b. Case names: \_\_\_\_\_

c. Names at that time: \_\_\_\_\_

7. Check any that apply:

Deployed, located out of the State of Hawai'i

Live out of State of Hawai'i

In residential treatment facility

Child of another relationship and child never lived together with this couple as a "family unit."

Incapacitated, mental disorder, severely disabled

Explain other problems: \_\_\_\_\_

\_\_\_\_\_

Print name: \_\_\_\_\_

Signature: \_\_\_\_\_

If different, print name of person who prepared this Request: \_\_\_\_\_

Daytime contact number: \_\_\_\_\_

Staff only:

Approved

Denied



In accordance with the Americans with Disabilities Act and other applicable state and federal laws, if you require a reasonable accommodation for a disability, please contact the ADA Coordinator at the Office of the Chief Administrator at PHONE NO.954-8200, FAX 954-8212, or TTY 539-4853 at least ten (10) working days prior to your hearing or appointment date.

Please call the Kids First Program at 954-8280, if you have any questions about how to fill out this form.