

STATE OF HAWAI'I FAMILY COURT THIRD CIRCUIT		CASE ID/NUMBER	
<input type="checkbox"/> MATRIMONIAL <input type="checkbox"/> CIVIL UNION DIVORCE ACTION INFORMATION			
PLAINTIFF			
DEFENDANT		COURT USE ONLY	
NATURE OF CASE: <input type="checkbox"/> Divorce <input type="checkbox"/> Separation <input type="checkbox"/> Annulment <input type="checkbox"/> Other		PREPARED BY: [] Self-Represented Plaintiff [] Attorney for Plaintiff [] Self-Represented Defendant [] Attorney for Defendant	
ITEM	PLAINTIFF		DEFENDANT
Full Name			
Birth or Maiden Name			
Address: (Street, Apt. No., City, State, Zip Code)			
Contact Information	Home Phone No.	Cell Phone No.	Home Phone No. Cell Phone No.
	E-Mail Address		E-Mail Address
Social Security Number	XXX-XX-____		XXX-XX-____
Year of Birth			
Place of Birth (State or Country)			

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ITEM	PLAINTIFF			DEFENDANT			
Race							
Highest Grade							
Domiciled on Hawai'i Island on Date Complaint filed	[] Yes [] No			[] Yes [] No			
Date Domiciled on Hawai'i Island, State of Hawaii							
In the Military?	[] Yes [] No			[] Yes [] No			
Primary Employer (Name and Address)							
Job Title							
Work Schedule							
Length of Service							
Gross Monthly Income (All Sources)	<u>Primary</u>	<u>Secondary</u>	<u>Welfare</u>	<u>Primary</u>	<u>Secondary</u>	<u>Welfare</u>	
Date of this Marriage or Civil Union	DATE OF MARRIAGE			COUNTY/STATE WHERE MARRIED			
Date of Separation	DATE OF SEPARATION			COUNTY/STATE WHERE SEPARATED			
<input type="checkbox"/> NOT SEPARATED							

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	FROM MONTH/YEAR	TO MONTH/YEAR	DIVORCE	TERMINATED BY		
				ANNULMENT	DEATH	STATE
Plaintiff's Prior Marriages						
Plaintiff's Prior Civil Union(s)						
Defendant's Prior Marriages						
Defendant's Prior Civil Union(s)						

CHILDREN: ALL CHILDREN OF EITHER PARTY FROM THE YOUNGEST TO THE OLDEST

INITIALS OF CHILD(REN)	M/F	YEAR OF BIRTH	LEGAL PARENT (Plaintiff, Defendant, or Other)	PRESENT CUSTODY	SCHOOL AND GRADE

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INFORMATION REQUIRED FOR CUSTODY OF PARTIES' CHILD(REN) TOGETHER

CHILD(REN)'S PRESENT ADDRESS:

PLACE(S) WHERE AND PERSON(S) WITH WHOM THE CHILD(REN) HAVE LIVED WITH IN THE LAST FIVE YEARS AND DATES:


ADDRESS	CARETAKERS	FROM MONTH/YEAR	TO MONTH/YEAR

[] PLAINTIFF IS IS NOT PREGNANT. EXPECTED DELIVERY DATE: _____

[] DEFENDANT IS IS NOT PREGNANT. EXPECTED DELIVERY DATE: _____

THE UNDERSIGNED SOLEMNLY AND SINCERELY DECLARES, UNDER PENALTY OF PERJURY, THAT THE STATEMENTS MADE HEREIN ARE TRUE AND CORRECT TO THE BEST OF HIS/HER KNOWLEDGE, INFORMATION, AND BELIEF.

DATE	SIGNATURE
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 If you need an accommodation for a disability when participating in a court program, service, or activity, please contact the ADA Coordinator as far in advance as possible to allow time to provide an accommodation: Call the ADA Coordinator at (808)961-7629, fax (808)961-7577, or send an e-mail to adarequest@courts.hawaii.gov. The ADA Coordinator will work to provide, but cannot guarantee your requested auxiliary aid, service, or accommodation.