

<p><b>STATE OF HAWAI'I</b>  <b>FAMILY COURT OF THE</b>  <b>FIRST CIRCUIT</b></p>		
<p>This document is prepared by  <input type="checkbox"/> Self-Represented <input type="checkbox"/> Petitioner/Plaintiff <input type="checkbox"/> Respondent/Defendant  <input type="checkbox"/> Attorney for <input type="checkbox"/> Petitioner/Plaintiff <input type="checkbox"/> Respondent/Defendant</p> <p>_____</p> <p>Name (and if applicable, Attorney No.)</p> <p>_____</p> <p>Address</p> <p>_____</p> <p>City, State, Zip Code</p> <p>_____</p> <p>Telephone Number</p> <p>_____</p> <p>E-Mail Address</p>		
<p>CASE NAME</p>	<p>CASE ID/NUMBER</p>	
<p>TITLE OF DOCUMENT</p>		

<p>In the Matter of the Adoption of          A <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE CHILD,          Born on: _____</p> <p>A <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE CHILD,          Born on: _____</p> <p>A <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE CHILD,          Born on: _____</p> <p style="text-align: center;">by</p> <hr/> <p><input type="checkbox"/> legal spouse of <input type="checkbox"/> civil union partner of <input type="checkbox"/> and</p> <hr/> <p><input type="checkbox"/> the child(ren)'s legal parent  <input type="checkbox"/> a married couple      <input type="checkbox"/> civil union partners  <input type="checkbox"/> an unmarried person</p> <p style="text-align: right;">Petitioner(s).</p>	<p><input type="checkbox"/> ATTORNEY FOR PETITIONER(S)  <input type="checkbox"/> PETITIONER(S) PRO SE</p> <hr/> <p>Name</p> <hr/> <p>Name</p> <hr/> <p>Address</p> <hr/> <p>City, State, Zip Code</p> <hr/> <p>Telephone Number</p>
---	---

I represent that the following document(s) was/were served on the person listed below:

Certified copy of the Petition for Adoption (Non-Consent) and attachment

Other: \_\_\_\_\_

by certified mail, return receipt requested. At the time of mailing, the receipt attached as Exhibit "1" was received; and in due course, the return receipt attached hereto as Exhibit "2" was received.

The person served was:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

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

DATE	SIGNATURE OF ATTORNEY OR PETITIONER
------	-------------------------------------

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.*

FAMILY COURT  
FIRST CIRCUIT  
STATE OF HAWAII

**STATEMENT OF MAILING;  
EXHIBITS "1" AND "2"**

CASE NUMBER  
FC-A No.

**EXHIBIT 1**

**EXHIBIT 2**