
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 by 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 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.