

STATE OF HAWAI'I FAMILY COURT FIRST CIRCUIT	CASE ID/NUMBER _____
---	-----------------------------

**HAWAI'I PATERNITY ACTION
INFORMATION**

[] Child Support Enforcement Agency (CSEA),
State of Hawai'i and

Petitioner(s)

v.

[] and Child Support Enforcement Agency,
State of Hawai'i

Respondent(s)

This document is prepared by:
 Self-Represented Attorney for
 Petitioner Respondent

Name (If attorney, include attorney license number)

Address

City, State, and Zip Code

Telephone No. Fax No.

E-Mail Address

INSTRUCTIONS: This form **MUST** be completed and filed with any petition or motion filed in paternity actions. Failure to comply with completing this document will prevent the case from receiving a hearing date. **CHECK AND COMPLETE ALL THAT APPLY:**

1. **This case is** [] an initial Petition for Paternity Custody, Visitation, and Support Orders After Voluntary Establishment of Paternity.

[] a Motion.

[] _____

2. The prior related cases involving either the Mother, Father, Child(ren), and Caretaker (if applicable) is/are: (include all cases, for example, divorce, paternity, guardianship, adoption, restraining order, etc.)

a. Case name: _____

Case number: _____ Location of Court: _____

Type of case: _____ Date of Last Court Order: _____

Parties' Names and Child(ren) Involved: _____

b. Case name: _____

Case number: _____ Location of Court: _____

Type of case: _____ Date of Last Court Order: _____

Parties' Names and Child(ren) Involved: _____

c. Case name: _____

Case number: _____ Location of Court: _____

Type of case: _____ Date of Last Court Order: _____

Parties' Names and Child(ren) Involved: _____

d. Case name: _____

Case number: _____ Location of Court: _____

Type of case: _____ Date of Last Court Order: _____

Parties' Names and Child(ren) Involved: _____

3. The issue(s) on which the parties cannot agree on is/are:

Paternity Establishment of Child Support

Genetic Tests/Costs Child Support Modification

Legal Custody Child Support Enforcement

Physical Custody Past Child Support Owing to: Mother Father

Visitation Department of Human Services ("DHS")

Birth Related Expenses _____

NONE, this case is uncontested with all issues agreed upon by the parties.

INFORMATION REQUIRED REGARDING MOTHER AND ALL FATHERS

	MOTHER			ALLEGED NATURAL FATHER			LEGAL ONLY FATHER			
Full Name (First, Middle, Last)										
All Former Names										
Street Address, Apt. No.										
City, State, Zip Code										
Telephone Numbers	HOME	WORK/CELL		HOME	WORK/CELL		HOME	WORK/CELL		
E-mail Address										
Social Security No.	xxx-xx-____ (last 4 digits only)			xxx-xx-____ (last 4 digits only)			xxx-xx-____ (last 4 digits only)			
Date of Birth										
Place of Birth										
Race or Ethnicity										
No. of Marriages										
Primary Employer (Name, Address, and Telephone Number)										
Job Title										
Work Schedule										
Length of Service										
Gross Monthly Income	Primary	Secondary	Welfare	Primary	Secondary	Welfare				
Amount of Monthly Court Ordered Child Support										
Name(s) of Child(ren) for Whom Child Support is Paid										
Where Child Support Order(s) Issued										

INFORMATION REQUIRED FOR CUSTODY/VISITATION

***List all children for whom you are requesting custody/visitation in this paternity action.**

1. Child's Full Name: _____
Birthdate: _____ Sex: Male Female Other Birth Place: _____
Current Address: _____
School and Grade: _____
Is Child Protective Services (CPS) or the Department of Human Services currently involved? Yes No

2. Child's Full Name: _____
Birthdate: _____ Sex: Male Female Other Birth Place: _____
Current Address: _____
School and Grade: _____
Is Child Protective Services (CPS) or the Department of Human Services currently involved? Yes No

3. Child's Full Name: _____
Birthdate: _____ Sex: Male Female Other Birth Place: _____
Current Address: _____
School and Grade: _____
Is Child Protective Services (CPS) or the Department of Human Services currently involved? Yes No

4. Child's Full Name: _____
Birthdate: _____ Sex: Male Female Other Birth Place: _____
Current Address: _____
School and Grade: _____
Is Child Protective Services (CPS) or the Department of Human Services currently involved? Yes No

OTHER CHILD(REN) OF EITHER PARTY

(after the child's name, indicate "MO" for Mother's child and "FA" for Father's child)

1. Child's Full Name: _____
 Birthdate: _____ Sex: Male Female Other Birth Place: _____
 Current Address: _____
 School and Grade: _____
 Is Child Protective Services (CPS) or the Department of Human Services currently involved? Yes No

2. Child's Full Name: _____
 Birthdate: _____ Sex: Male Female Other Birth Place: _____
 Current Address: _____
 School and Grade: _____
 Is Child Protective Services (CPS) or the Department of Human Services currently involved? Yes No

3. Child's Full Name: _____
 Birthdate: _____ Sex: Male Female Other Birth Place: _____
 Current Address: _____
 School and Grade: _____
 Is Child Protective Services (CPS) or the Department of Human Services currently involved? Yes No

**PLACES WHERE AND PEOPLE WITH WHOM THE CHILD(REN) IN THIS CASE
 HAVE LIVED WITH WITHIN THE LAST FIVE (5) YEARS AND DATES**

ADDRESS	CARETAKERS (Mother, Father, Other)	FROM Month/Year TO Month/Year

**PLACES WHERE AND PEOPLE WITH WHOM THE CHILD(REN) IN THIS CASE
HAVE LIVED WITH WITHIN THE LAST FIVE (5) YEARS AND DATES**

(continued from page 5)

ADDRESS	CARETAKERS (Mother, Father, Other)	FROM Month/Year TO Month/Year

**I, THE UNDERSIGNED, DO DECLARE UNDER PENALTY OF LAW THAT THE
FOREGOING IS TRUE AND CORRECT.**

DATE	SIGNATURE PRINT NAME:
------	------------------------------



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 of the First Circuit Family Court Office at (808)954-8200, fax (808)954-8308, 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.

Please call the Family Court Service Center at (808)954-8290 if you have any questions about forms or procedures.