

STATE OF HAWAI'I FAMILY COURT FIRST CIRCUIT	REQUEST FOR AUDIO COMPACT DISC OF PROCEEDINGS AND ORDER	CASE NUMBER
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CASE NAME	Prepared by: <input type="checkbox"/> Attorney for <input type="checkbox"/> Plaintiff/Petitioner <input type="checkbox"/> Defendant/Respondent <input type="checkbox"/> Other: _____ <hr/> Requestor's Name <hr/> Address <hr/> City, State, Zip Code <hr/> Phone No. <hr/> Email Address <hr/>
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Date(s) of Proceeding(s)	Type of proceeding (e.g., trial, title of motion, etc.)	Portion of proceeding for which CD is being requested	Name of Judge

Date CD needed:	Is a Court Reporter's Certificate of Prepayment or Waiver of Payment attached, or is a deposit of fees being made? <input type="checkbox"/> Yes <input type="checkbox"/> No
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REMINDER: REQUESTOR IS RESPONSIBLE FOR DELIVERING OR MAILING A FILED COPY OF THIS ORDER TO THE COURT REPORTERS' OFFICE at Ka'ahumanu Hale, 777 Punchbowl Street.

Date of Signature	Requestor's Signature
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ORDER

[] Request for Audio CD of Proceedings is approved and FURTHER DISSEMINATION IS PROHIBITED.

[] Request for Audio CD of Proceedings is denied.

DATE	JUDGE'S SIGNATURE	
	Print Judge's Name:	

ACKNOWLEDGMENT AND RECEIPT

Date request received:	Estimated completion date:
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Court Reporter's signature:	
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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.