

STATE OF HAWAII FAMILY COURT FIRST CIRCUIT	CASE ID/NUMBER _____
--	-------------------------

**REQUEST FOR AUDIO COMPACT DISC
OF FAMILY COURT PROCEEDINGS
AND PROPOSED ORDER**

CASE NAME

COURT USE ONLY

Requestor's Name _____

Address _____

City, State, Zip Code _____

Telephone Number _____ Fax Number _____

E-Mail Address _____

Requestor's relationship to proceedings:

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 Presiding 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
--------------------------	---

STATE OF HAWAII FAMILY COURT FIRST CIRCUIT	REQUEST FOR AUDIO COMPACT DISC OF FAMILY COURT PROCEEDINGS AND ORDER	CASE ID/NUMBER _____
<p>REMINDER: REQUESTOR IS RESPONSIBLE FOR DELIVERING OR MAILING A FILED COPY OF THIS ORDER TO THE COURT REPORTER'S OFFICE AT Ka'ahumanu Hale, 777 Punchbowl Street.</p> <p>THE COPY OF THE AUDIO COMPACT DISC DOES NOT CONSTITUTE THE OFFICIAL RECORD OF THE PROCEEDING.</p> <p>I understand that dissemination of this audio compact disc to any other person who is not a party to this case is prohibited. Violation of this prohibition may subject me to legal action for contempt of court. By my signature below, I acknowledge, understand, accept, and agree to comply with the prohibition against dissemination.</p>		
DATE OF SIGNATURE:	REQUESTOR'S SIGNATURE	



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 954-8200, fax 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 954-8290 if you have any questions about forms or procedures.

STATE OF HAWAII FAMILY COURT FIRST CIRCUIT	CASE ID/NUMBER _____
PROPOSED ORDER [] GRANTING [] DENYING REQUEST FOR AUDIO COMPACT DISC OF FAMILY COURT PROCEEDINGS	
CASE NAME 	
Requestor's relationship to proceedings: _____	

COURT USE ONLY	
_____ Requestor's Name	
_____ Address	
_____ City, State, Zip Code	
_____ Telephone Number	_____ Fax Number
_____ E-Mail Address	

STATE OF HAWAII FAMILY COURT FIRST CIRCUIT	CASE ID/NUMBER _____
--	-------------------------

**PROPOSED
ORDER [] GRANTING [] DENYING
REQUEST FOR AUDIO COMPACT DISC
OF FAMILY COURT PROCEEDINGS**

CASE NAME

COURT USE ONLY

Requestor's Name _____

Address _____

City, State, Zip Code _____

Telephone Number _____ Fax Number _____

E-Mail Address _____

Requestor's relationship to proceedings:

ORDER

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

[] Request for Audio Compact Disc of Proceedings is denied.

DATE

Kapolei, Hawaii

JUDGE'S SIGNATURE

Print Judge's Name:

ACKNOWLEDGMENT AND RECEIPT

Date request received:

Estimated completion date:

Court Reporter's Signature: