

<p>STATE OF HAWAI‘I FAMILY COURT OF THE FIRST CIRCUIT</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>		

FAMILY COURT FIRST CIRCUIT STATE OF HAWAI'I	SUPPORTING AFFIDAVIT (For Service by Mail or Personal Service Without the State)	CASE NUMBER FC-A NO.
<p>In the Matter of Adoption of A <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE CHILD, Born on: A <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE CHILD, Born on: A <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE CHILD, Born on: A <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE CHILD, Born on:</p> <p style="text-align: center;">by</p> <p><input type="checkbox"/> the legal spouse of <input type="checkbox"/> and <input type="checkbox"/> the child(ren)'s legal parent <input type="checkbox"/> husband and wife <input type="checkbox"/> an unmarried person</p> <p style="text-align: right;">Petitioner(s).</p>		
<p>The undersigned being first duly sworn on oath, deposes and says that:</p> <p>This affidavit is made in support of the prayer of the petition that notice to the non-consenting <input type="checkbox"/> mother <input type="checkbox"/> father <input type="checkbox"/> legal guardian <input type="checkbox"/> legal custodian of the subject child be given by <input type="checkbox"/> mail <input type="checkbox"/> personal service without the state.</p> <p>The name of the non-consenting person/agency is: _____.</p> <p>The present address or the last known address of the non-consenting person/agency is as follows: _____.</p>		
Signature of Petitioner		
State of Hawai'i, County of Honolulu: - Date	Signature: Notary Public, State of Hawai'i	Printed Name of Notary Public: Commission Expires: