

STATE OF HAWAII FAMILY COURT FIRST CIRCUIT	CASE ID/NUMBER FC-A No. _____
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<p align="center">SPECIFIC CONSENT TO ADOPTION</p> <p align="center">OF <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER</p> <p><input type="checkbox"/> OTHER: _____</p>

INFORMATION REGARDING THE PROPOSED ADOPTIVE PARENT(S):

	PETITIONER	COURT USE ONLY PETITIONER
Full Legal Name		
Relationship to Child(ren)		

INFORMATION REGARDING THE CHILD(REN)'S PARENTS		
	FATHER	MOTHER
Full Legal Name		
Street Address		
City, State, Zip Code		
Telephone Number		
Social Security No.	XXX-XX-_____	XXX-XX-_____
Date of Birth		
Racial Extraction		

INFORMATION REGARDING THE CHILD(REN)'S PARENTS		
	LEGAL ONLY FATHER	OTHER LEGAL PARENT
Full Legal Name		
Street Address		
City, State, Zip Code		
Telephone Number		
Social Security No.	XXX-XX-_____	XXX-XX-_____
Date of Birth		
Racial Extraction		

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INFORMATION REGARDING THE CHILD
 FULL LEGAL NAME: _____

 SEX: ☐ Male ☐ Female ☐ Other DATE OF BIRTH: _____
 PLACE OF BIRTH: _____

INFORMATION REGARDING THE CHILD
 FULL LEGAL NAME: _____

 SEX: ☐ Male ☐ Female ☐ Other DATE OF BIRTH: _____
 PLACE OF BIRTH: _____

INFORMATION REGARDING THE CHILD
 FULL LEGAL NAME: _____

 SEX: ☐ Male ☐ Female ☐ Other DATE OF BIRTH: _____
 PLACE OF BIRTH: _____

INFORMATION REGARDING THE CHILD
 FULL LEGAL NAME: _____

 SEX: ☐ Male ☐ Female ☐ Other DATE OF BIRTH: _____
 PLACE OF BIRTH: _____



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.

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The undersigned being first duly sworn on oath, deposes and says that:

1. I am the parent of the above-identified child(ren).
2. I hereby consent to the legal adoption of said above-identified child(ren) by the above-named proposed adoptive parent(s), with the understanding and intent that when such adoption is completed by the entry of a decree, the legal name of the child(ren) may be change:
 (Check only one (1) of the following.)

☐ I understand that after I sign this *Specific Consent to Adoption* and the Court approves the adoption, all of my parental rights as well as responsibilities for said child(ren) will **continue**.

☐ I understand that after I sign this *Specific Consent to Adoption* and the Court approves the adoption, all of my parental rights as well as responsibilities for said child(ren) will be **terminated**.

I further understand that by signing this *Specific Consent to Adoption* I will give up any legal right that I may have to provide care, guidance, and control for said child(ren).

 I further understand that by signing this *Specific Consent to Adoption* I will give up any legal right that I may have to visit with said child(ren).

 I declare that no representations have been made to me, by anyone, which would serve in any way to limit the complete surrender of all of my parental rights intended by this consent or to limit the parental rights to be acquired by the proposed adoptive parent(s).
3. I further understand that after this consent has been signed by me, the consent will be valid and binding, even though I may be under the age of 18 years.
4. I further understand that after the child(ren) has/have started to reside with the adoptive parent(s) reflected on page 1 of the *Specific Consent to Adoption* or after this consent has been filed with the Court in an adoption proceeding by the proposed adoptive parent(s), this consent may not be withdrawn or repudiated without the written order of a judge who has jurisdiction in adoption proceedings, based upon a written finding supported by proof to be submitted by me, that the withdrawal of my consent would be in the best interest of the child(ren).
5. No one has forced or coerced me to sign this *Specific Consent to Adoption*.
6. No one has made any promises whatsoever to me in return for signing this *Specific Consent to Adoption*.
7. I have not been offered nor have I accepted any reward or money in exchange for signing this *Specific Consent to Adoption*.

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8. I waive further notice of any proceeding regarding the adoption of the child(ren), however, if the adoption fails to be granted, I want to be given notice.

CONFIDENTIALITY PURSUANT TO HRS §578-15:

9. I have been advised of the requirements of section 578-15 of the Hawai'i Revised Statutes regarding the confidentiality of the court's adoption records.

10. When my child become 18 years old, my child or the adoptive parent(s) can submit a written request to Family Court to inspect the court's records regarding this adoption. HRS §578-15(a)(2).

11. When my child becomes 18 years old, I can submit a written request to Family Court to inspect the court's records regarding this adoption. HRS §578-15(a)(3).

12. My child or the adoptive parent(s) can submit a written request to receive information in the court's records concerning ethnic background and/or necessary medical information. HRS §578-15(a)(4).

13. I can submit a written request for a copy of my child's original birth certificate from the court's records. HRS §578-15(a)(5).

14. The court can, upon showing of good cause, allow inspection of the court's records regarding this adoption. HRS §578-15(a)(1).

15. It is my responsibility to keep the Family Court informed of my current address if I want disclosure to be made.

16. The Family Court has no responsibility to notify the child(ren), adoptive parent(s), or the natural parent(s) of any dates related to the above paragraphs.

I hereby solemnly and sincerely declare under penalty of perjury that the statements made herein are true and correct to the best of my belief, information, and knowledge.

DATED: _____, _____, _____.

City State Date

Signature of ☐ Mother ☐ Father ☐ Other