

<b>STATE OF HAWAI'I</b> FAMILY COURT OF THE FIRST CIRCUIT		
<p>This document is prepared by</p> <p>[    ] Self-Represented    <input type="checkbox"/> Petitioner/Plaintiff    <input type="checkbox"/> Respondent/Defendant</p> <p>[    ] 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>		
CASE NAME		CASE ID/NUMBER
TITLE OF DOCUMENT		

<b>FAMILY COURT FIRST CIRCUIT STATE OF HAWAII</b>	<b>NOTICE TO DHS OF PENDENCY OF ACTION</b>	CASE NUMBER FC-A No. _____
In the Matter of the Adoption of A <input type="checkbox"/> MALE CHILD <input type="checkbox"/> FEMALE CHILD Born on: _____ A <input type="checkbox"/> MALE CHILD <input type="checkbox"/> FEMALE CHILD Born on: _____ A <input type="checkbox"/> MALE CHILD <input type="checkbox"/> FEMALE CHILD Born on: _____ by _____  <input type="checkbox"/> legal spouse of <input type="checkbox"/> civil union partner of <input type="checkbox"/> and _____  <input type="checkbox"/> the child(ren)'s legal parent <input type="checkbox"/> a married couple <input type="checkbox"/> civil union partners <input type="checkbox"/> an unmarried person <div style="text-align: right;">Petitioner(s).</div>		<input type="checkbox"/> ATTORNEY FOR PETITIONER(S) <input type="checkbox"/> PETITIONER(S) PRO SE  _____ Name  _____ Name  _____ Address  _____ City, State, Zip Code  _____ Telephone Number
TO:   DIRECTOR OF THE DEPARTMENT OF HUMAN SERVICES OR HIS/HER DESIGNEE O'ahu Child Welfare Services Section 3 420 Waiakamilo Road, Suite 300A Honolulu, Hawai'i 96817  Pursuant to Section 578-8(b) of the Hawai'i Revised Statutes, you are hereby notified that an adoption petition for the above-entitled matter has been filed and is pending before the Court. You have twenty-one (21) days from the receipt of this Notice to make such investigation and to file a written report as you may deem proper as to the fitness of the Petitioner(s) to adopt the individual(s) and as to whether the best interest of the individual(s) will be subserved by the adoption. Extensions of time may be granted for good cause shown. Please direct all reports and requests for extensions to: Family Court, Attention: Adoption Clerk.		
DATE	Clerk of the Court's Signature	COURT USE ONLY



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](mailto:adarequest@courts.hawaii.gov) at least ten (10) days prior to your hearing or appointment date.

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