

STATE OF HAWAI'I FAMILY COURT FIFTH CIRCUIT	DECLARATION OF PRIVATE CHILD CUSTODY EVALUATOR REGARDING QUALIFICATIONS, CONTACT INFORMATION, AND FEES	
---	--	--

1. Name: _____
 Address: _____
 Telephone Number: _____

2. I am licensed in the state of Hawai'i as a:

- board certified psychiatrist under Hawai'i Revised Statutes (HRS) chapter 453.
- physician under HRS chapter 453 who has completed residency in psychiatry.
- psychologist under HRS chapter 465.
- marriage and family therapist under HRS chapter 451J.
- clinical social worker under HRS section 467E-7(3).

My Hawai'i license number is: _____
 My Hawai'i license expires on: _____

3. I speak the following language(s): _____

4. My fees are \$_____ per hour.

5. I understand I can be removed from the Registry of Private Child Custody Evaluators at any time upon written notice from the Senior Family Court Judge for any reason including, but not limited to:

- a. failure to maintain my license;
- b. failure to inform the Senior Family Court Judge of (1) the revocation or suspension of my license within three days of such action being taken against me and/or (2) any changes to the information contained in my *Declaration of Private Child Custody Evaluator Regarding Qualifications, Contact Information, and Fees* form.

I declare under penalty of perjury under the laws of the State of Hawai'i that the foregoing is true and correct.

Date	Signature of Declarant/Private Child Custody Evaluator
	Print Name:

In accordance with the Americans with Disabilities Act and other applicable state and federal laws, if you require a reasonable accommodation for a disability, please contact the ADA Coordinator at PHONE NO. 482-2365, FAX 482-2509, or TTY 482-2533 at least ten (10) working days prior to your hearing or appointment date.