STATE OF HAWAI'I
FAMILY COURT
FIFTH CIRCUIT

Request Regarding Confidential

CASE NUMBE	R
FC-A No.	

	FAMILY COURT FIFTH CIRCUIT		Records of the rt (Act 80 of 2016)	FC-A No			
(Тур	e or print in black ink)	•	•				
1.	PRESENT NAME OF APPLICANT: (First, middle, and last names)						
2.	APPLICANT'S RELATIONSHIP TO ADOPTEE (adopted child): (check 1 box) [] adoptee [] natural parent [] adoptive parent						
3.	FULL NAME OF ADOPTEE (First, middle, and last name) (state adoptee's name at birth or after adoption, whichever is known):						
4.	ADOPTEE'S BIRTHD	Mm/dd/yyyy	BIRTH PLACE:	(City, State)			
5.	NAME OF ADOPTIVE	E FATHER (if know	n):				
6.							
7.	NAME OF NATURAL FATHER (if known):						
8.	NAME OF NATURAL MOTHER (if known):						
9.	[] Copy of Adop [] Letter to CSE	thnic Background	tion				
10.	REASON FOR REQU	EST:					
11.	APPLICANT'S MAILI	NG ADDRESS:		_ _ _			
12.	APPLICANT'S TELEI	PHONE NUMBERS	S: (include area codes)				
	(Home)		(Cell)	(Court Use Only)			

STATE OF HAWAI'I		ding Confidential	CASE NUMBER				
FAMILY COURT		ecords of the	FC-A No				
FIFTH CIRCUIT	Family Court	(Act 80 of 2016)					
13. APPLICANT DECLARES UNDER PENALTY OF PERJURY THAT THE STATEMENTS MADE HEREIN ARE TRUE AND CORRECT TO THE BEST OF HIS/HER KNOWLEDGE, INFORMATION, AND BELIEF.							
14.			11.0				
Dat	ie –	Applic	cant's Signature				
Print Applic	ant's complete name	:					
Document Title: Request Reg	arding Confidential Add	ontion Records of the Fa	mily Court (Act 80 of 2016)				
	_						
Document Date: No. of Pages: _2 was subscribed and sworn to me on							
in the	Fifth Circuit, State of H	awaiʻi by:					
		, who					
(Print name of person who personally appeared before m		e the nerson described					
in and who executed the fore							
executed the same as his/her							
(Signature	of Notary Public)						
(Print Name of Notary Public)							
Date:							
			Affix Seal				
My commission expires:			Allix Seal				
FOR FAMILY COURT USE ONLY: (if Request is signed in front of court staff)							
[] Picture ID verified	Cle	erk's initials:	<u> </u>				
REQUEST IS: [] APPROVED [] DENIED							
Judge, Family Court of the Fifth Circuit							
Print Name of Judge:							
Fillit Name of Juage:							



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 PHONE NO. 482-2365, FAX NO. 482-2509, or TTY 482-2533 at least ten (10) days prior to your hearing or appointment date.