STATE OF HAWAI'I FAMILY COURT OF THE FIRST CIRCUIT	
This document is prepared by [] Self-Represented □ Petitioner/Plaintiff □ Re [] Attorney for □ Petitioner/Plaintiff □ Respond	ondent/Defendant t/Defendant
Name (and if applicable, Attorney No.)	
Address	
City, State, Zip Code	
Telephone Number	
E-Mail Address	
CASE NAME	CASE ID/NUMBER
TITLE OF DOCUMENT	
	KG-AC-508(10/2022) WF

FAMILY COURT	ADO	PTION	CASE NUMBER	
FIRST CIRCUIT	HEARING FLAG SHEET			
STATE OF HAWAI'I		1	FC-A No.	
In the Matter of the Adopti		[]ATTORNEY FOR P		
A []MALE []FEMALE CI	HILD,	[]PETITIONER(S) PF	ROSE	
Born on:				
A []MALE []FEMALE CI	HILD,	Name		
Born on:		Name		
A []MALE []FEMALE CHILD,				
Born on:		Address		
A []MALE []FEMALE CHILD,				
Born on:		City, State, Zip Code		
Born on: by		Talashara Nasahar		
		Telephone Number		
[]legal spouse of [] civil ur	nion partner of []and	E-Mail Address		
		E-Mail Address		
[] the child(ren)'s legal parent				
[] a married couple [] civil [] an unmarried person	i union partners			
	Petitioner(s).			
I. Type of Adoption: ('x' all	that apply)			
[]Consent []Non-Con		Relative:		
[]Agency:			(Relationship to Child)	
[] Agency:(Relationship to Child) (Name of Agency)				
II. Consent(s) have been obtained from the following person(s)/agency: ('x' all that apply)				
[]Mother	U	ner []Child(ren) 10 yea		
[]Natural and Legal Father []Legal Guardian(s) []Agency:				
[]Natural/Adjudicated Father []Legal Custodian(s) []Other:				
III. Consent(s) have not been obtained from the following person(s)/agency: ('x' all that apply)				
[]Mother []Legal Only Father []Child(ren) 10 years and older				
[]Natural and Legal Father []Legal Guardian(s) []Agency:				
[]Natural/Adjudicated Father []Legal Custodian(s) []Other:				
IV. Consent(s) of person(s) in paragraph III may be dispensed with and is not required because:				
	paragraph in may be ale			
			-	
			-	
			-	
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 adarequest@courts.hawaii.gov at least ten (10) working days prior to your hearing or appointment date.				
Please call the Family Court Serve		ou have any questions abou	ıt	
procedures or how to fill out this			COURT USE ONLY	
Hoʻokele/FC Adm 11/10/16 Reprographics (11/2016)	Page 1 of 2	2 Pages	ADOPTION HEARING FLAG SHEE 1F-P-104	

Section 508 Certified

	FAMILY COURT	ADOPTION	CASE NUMBER		
FIRST CIRCUIT		HEARING FLAG SHEET	FC-A No.		
V.					
VI.	Have any foreign langua	ge documents been translated into English? []	′es []No		
VII.	 The following documents have been given to the Adoption Clerk:] DOH Medical Information form, Birth Parent's Consent to Release of Information [] Mother's medical records of the child(ren)'s birth and Mother's Consent to Release [] Copy of Adoption Information Sheet 				
VIII.		nts, which are required by statute, rule, or official			
IX.	K. Does Interstate Compact on the Placement of Children (ICPC) apply? []Yes []No If yes, have all the requirement of ICPC been met? []Yes []No				
Х.	. Does the Indian Child Welfare Act (ICWA) apply to this case? []Yes []No If yes, have all requirements of ICWA been met? []Yes []No				
XI.	I. Are you aware of any opposition or objection to the Petition? []Yes []No If yes, by whom (include relationship to child(ren) and reason(s) for objection, if known)				
The undersigned Attorney or Petitioner(s) Pro Se hereby certifies that to the best of his or her knowledge and belief, all of the foregoing are true and correct.					
DATE		SIGNATURE OF ATTORNEY OR PETITIONER PRO SE			
DATE		SIGNATURE OF ATTORNEY OR PETITIONER PRO SE			