


In the Matter of the Adoption of A <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE CHILD, Born on: _____ A <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE CHILD, Born on: _____ A <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE CHILD, Born on: _____ A <input type="checkbox"/> MALE <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 <p style="text-align: right;">Petitioner(s).</p>	<input type="checkbox"/> ATTORNEY FOR PETITIONER(S) <input type="checkbox"/> PETITIONER(S) PRO SE _____ Name _____ Address _____ City, State, Zip Code _____ Telephone Number _____ E-Mail Address _____
---	--

I. Type of Adoption: ('x' all that apply)
 Consent Non-Consent Step-parent Relative: _____
(Relationship to Child)
 Agency: _____
(Name of Agency)

II. Consent(s) have 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: _____

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:

 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. <i>Please call the Family Court Service Center, at 954-8290, if you have any questions about procedures or how to fill out this form.</i>	COURT USE ONLY
--	-----------------------

FAMILY COURT FIRST CIRCUIT STATE OF HAWAII	ADOPTION HEARING FLAG SHEET	CASE NUMBER FC-A No.
--	--	-----------------------------

- V. The following exhibits/documents have been filed:
- Certified copy of each child's birth certificate
 - Petitioner's marriage certificate
 - Marriage certificate of adult adoptee
 - Death Certificate for child(ren)'s mother father
 - Divorce Decree for: (name which Petitioner) _____
 - Order Appointing Legal Custodian or Guardian of the child(ren)
 - Paternity Judgment for child(ren)
 - Certified copy of the Judgment of Termination of Parental Rights
 - Certified copy of the Order Awarding Permanent Custody
 - Affidavit of Birth Background
 - Foreign Adoption Placement Agency's Affidavit
 - Medical certificate for each child
 - Statement of Mailing of Notice to DHS (Department of Human Services)

VI. Have any foreign language documents been translated into English? Yes 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. List any missing documents, which are required by statute, rule, or official memorandum:

IX. Does Interstate Compact on the Placement of Children (ICPC) apply? Yes No
If yes, have all the requirement of ICPC been met? Yes No

X. 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. 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