

(Name, Address, Phone Number)

Petitioner Pro Se [ ] Attorney for Petitioner

IN THE FAMILY COURT OF THE SECOND CIRCUIT

STATE OF HAWAII

|                |   |  |
|----------------|---|--|
| Petitioner(s), | ) | FC-____ NO. _____  |
|                | ) |  |
| vs.            | ) | PETITION FOR CUSTODY,<br>VISITATION, SUPPORT ORDERS<br>AFTER VOLUNTARY |
|                | ) | ESTABLISHMENT OF PATERNITY   |
|                | ) | Attachments:   |
|                | ) | <input type="checkbox"/> Exhibit(s) _____                              |
|                | ) | <input type="checkbox"/> Income & Expense Statement                    |
|                | ) | <input type="checkbox"/> Asset & Debt Statement                        |
| Respondent(s). | ) | <input type="checkbox"/> Child Support Guidelines Worksheet            |
|                | ) | <input type="checkbox"/> Summons                                       |
|                | ) |  |

PETITION FOR CUSTODY, VISITATION, SUPPORT ORDERS AFTER VOLUNTARY ESTABLISHMENT OF PATERNITY

Comes now Petitioner, \_\_\_\_\_, (hereinafter referred to as "Petitioner"), a resident of the County of Maui, seeking an establishment of custody, visitation, child support and other relief pursuant to Chapter 584, Hawai'i Revised Statutes, and respectfully shows that:

I.

The Petitioner in this case is the

- Mother     Father     Caretaker of the child(ren) below named.

The Respondent in this case is the

Mother     Father     Caretaker of the child(ren) below named.

II.

The Mother of the child(ren) below named, is:

Name:

Also/Formerly Known As:

Year of Birth:

Resident of (city & state):

The gross monthly income or reasonable earning capacity of the mother is: \$\_\_\_\_\_.

The Father of the child(ren) below named, is:

Name:

Also/Formerly Known As:

Year of Birth:

Resident of (city & state):

The gross monthly income or reasonable earning capacity of the Father is \$\_\_\_\_\_.

The caretaker of the child(ren) below named is:  Mother     Father

Child Protective Services (CPS)     other (*if other, complete section below*)

Name:

Also/Formerly Known As:

Year of Birth:

Relationship to Child(ren):

Resident of (city & state):

III.

The child(ren) involved is/are:

Child's Initials:

Sex:  Male     Female

Year of Birth:

Child's Initials:

Sex:  Male     Female

Year of Birth:

Place of Birth:

Place of Birth:

Resident of:

Resident of:

*(If additional children, attach separate sheet.)*

IV.

On or about \_\_\_\_\_, the parents of the child(ren) voluntarily established paternity by signing a *Voluntary Establishment of Paternity By Parents Form* at \_\_\_\_\_. This form was subsequently filed with the Department of Health (DOH).

V.

Child(ren) is/are currently supported by (*check all that apply; include monthly amounts*):

- |  |                                    |                                       |
|--|------------------------------------|---------------------------------------|
| <input type="checkbox"/> Mother \$             | <input type="checkbox"/> Father \$ | <input type="checkbox"/> AFDC/TANF \$ |
| <input type="checkbox"/> SSI/SSDI \$           | <input type="checkbox"/> GA \$     | <input type="checkbox"/> MedQuest \$  |
| <input type="checkbox"/> Other _____, \$ _____ |                                    |                                       |

VI.

**Legal** custody of the child(ren) should be awarded to the appropriate party, who is:

- Mother.     Father.     Mother and Father, jointly.     Caretaker.

The issue of legal custody should be reserved for a court of competent jurisdiction.

**Physical** custody of the child(ren) should be awarded to the appropriate party, who is:

- Mother.     Father.     Mother and Father, jointly.     Caretaker.

The issue of physical custody should be reserved for a court of competent jurisdiction.

The non-custodial parent should have **visitation** as follows:

- Visitation/Time Sharing schedule should be as follows (*attach separate sheet if necessary*):

- Reasonable visitation as mutually agreed upon by the parties.
  - Supervised visitation.
  - There should be no visitation until further order of the Family Court.
  - The issue of visitation should be reserved.
- The issues of custody and visitation should be determined by the court in child protective proceedings.

VII.

The non-custodial parent should be ordered to reimburse the custodial parent, and Department of Human Services if appropriate, for the past support of the children, and provide current child support and medical, dental, drug, and vision insurance for the subject child(ren).

VIII.

The child(ren) is/are still alive and has not been adopted or emancipated.

WHEREFORE, PETITIONER respectfully prays that:

1. The Respondents be compelled to appear before the above entitled court for a hearing pursuant to Chapter 584, Hawai'i Revised Statutes.
2. Legal custody of the child(ren) be awarded to the appropriate party.
3. Physical custody of the child(ren) be awarded to the appropriate party.
4. The noncustodial parent(s) be ordered to pay for the support, maintenance and education of the child(ren) from the time of birth. Current support payments, pursuant to the child support guidelines, made pursuant to an order of income withholding, shall continue until each child attains the age of 18 years, OR graduates from high school OR discontinues high school, whichever occurs last.

Child support for each child should continue uninterrupted (including summers and vacations) as long as each child continues his or her education post high school on a full-time basis at an accredited college, university, vocational, or technical school, OR until each child attains the age of 23 years, whichever event occurs first OR as ordered by the Court.

The Child Support Enforcement Agency should be joined as a party to this and any subsequent action related to the issue of child support.

5. The noncustodial parent(s) be ordered to provide medical, dental, drug and vision insurance coverage for the child(ren).

6. The Court grant other relief as may be appropriate under the provisions of Chapters 571 and 584 of the Hawai'i Revised Statutes and the Hawai'i Family Court Rules.

DATED: Wailuku, Maui, Hawai'i, \_\_\_\_\_.

BB  
*Petitioner(s) Signature*

**Americans with Disabilities Act Notice**



If you need an accommodation for a disability when participating in a court program, service, or activity, please contact the ADA Coordinator as soon as possible to allow the court time to provide an accommodation:

Call (808) 244-2855 FAX (808) 244-2932 OR Send an e-mail to: [adarequest@courts.hawaii.gov](mailto:adarequest@courts.hawaii.gov). The court will try to provide, but cannot guarantee, your requested auxiliary aid, service or accommodation.