

STATE OF HAWAI'I FAMILY COURT FIRST CIRCUIT	CASE ID/NUMBER <hr/>	
PROPOSED FINDINGS AND DECISION OF THE COURT GRANTING PETITION FOR ADOPTION OF AN ADULT(S)		
In the Matter of the Adoption of A <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE ADULT born on _____ A <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE ADULT born on _____ A <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE ADULT born on _____ by _____ <input type="checkbox"/> legal spouse/civil union partner of <input type="checkbox"/> and _____ <input type="checkbox"/> the legal parent of the adult adoptee(s) <input type="checkbox"/> a married couple <input type="checkbox"/> civil union partners <input type="checkbox"/> an unmarried person <div style="text-align: right;">Petitioner(s).</div>	Document prepared by: <input type="checkbox"/> Attorney for Petitioner(s) <input type="checkbox"/> Self-Represented Petitioner(s) <hr/> Name (and if applicable, Attorney License No.) <hr/> Address <hr/> City, State, Zip Code <hr/> Telephone No. Fax No. <hr/> E-Mail Address <hr/>	
I, the undersigned, hereby request that I be provided with a filed copy of the PROPOSED FINDINGS AND DECISION OF THE COURT GRANTING PETITION FOR ADOPTION OF AN ADULT(S) above in the following manner.		
<div style="display: flex; align-items: flex-start;"> <div style="width: 10%; text-align: center;"> <input type="checkbox"/> </div> <div style="width: 90%;"> MAIL I have submitted, herewith (how many) _____ self-addressed, postage prepaid envelope(s). <i>(I understand that the Court WILL NOT supplement cost of postage.)</i> </div> </div> <div style="display: flex; align-items: flex-start; margin-top: 10px;"> <div style="width: 10%; text-align: center;"> <input type="checkbox"/> </div> <div style="width: 90%;"> PICK UP I will return to PICK UP a copy from HO'OKELE, the FAMILY COURT SERVICE CENTER in Kapolei when notified by the Court. </div> </div> <div style="display: flex; align-items: flex-start; margin-top: 10px;"> <div style="width: 10%; text-align: center;"> <input type="checkbox"/> </div> <div style="width: 90%;"> ON OWN I will PRINT, at my own expense, a copy from the Judiciary, State of Hawai'i, website - eCourt*Kokua (https://www.courts.state.hi.us) <i>(Estimated cost: \$3.00 per document, or 10 cents per page, whichever is greater. Certified copy is \$2.00 additional per document.)</i> Note: Confidential Cases are not accessible on eCourt Kokua. </div> </div>		
Date	Your Signature	Print Your Name

STATE OF HAWAI'I FAMILY COURT FIRST CIRCUIT	CASE ID/NUMBER <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>
FINDINGS AND DECISION OF THE COURT GRANTING PETITION FOR ADOPTION OF AN ADULT(S)	
<p>In the Matter of the Adoption of</p> <p>A <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE ADULT born on _____</p> <p>A <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE ADULT born on _____</p> <p>A <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE ADULT born on _____ by _____</p> <p>_____</p> <p><input type="checkbox"/> legal spouse/civil union partner of <input type="checkbox"/> and _____</p> <p>_____</p> <p><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> <p style="text-align: right;">Petitioner(s).</p>	<p>Document prepared by: <input type="checkbox"/> Attorney for Petitioner(s) <input type="checkbox"/> Self-Represented Petitioner(s)</p> <p>_____</p> <p>Name (and if applicable, Attorney License No.)</p> <p>_____</p> <p>Address</p> <p>_____</p> <p>City, State, Zip Code</p> <p>_____</p> <p>Telephone No. _____ Fax No. _____</p> <p>_____</p> <p>E-Mail Address</p> <p>_____</p>
PRESIDING JUDGE	HEARING DATE
EFFECTIVE DATE OF DECREE	
<p>The Petition for Adoption was heard in this Court on the date indicated above. The Petitioner(s) and their attorney indicated above, if any, appeared at the hearing.</p> <p>Pursuant to section 578-8 of the Hawai'i Revised Statutes, the Director of the Department of Human Services was notified on _____ of the pending adoption and has not intervened nor filed any negative reports regarding the adoption.</p>	

After consideration of the *Petition* and the evidence adduced, including any report filed by the Department of Human Services, THE COURT FINDS the following facts concerning the Adult Adoptee and the Adult Adoptee's parentage and availability for adoption by the Petitioner(s):

ADOPTEE'S/ADOPTES' LEGAL NAME	GENDER	BIRTH DATE	PLACE OF BIRTH	BIRTH CERTIFICATE NO.
1.				
2.				
3.				

ADOPTEE'S/ADOPTES' NAME AFTER ADOPTION:

1. _____
2. _____
3. _____

MOTHER'S INFORMATION:

Present Name: _____

Name at Adoptee's Birth: _____

Marital Status at Adoptee's Birth: ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Separated

Present Parental Status: ☐ Legal ☐ Natural and Legal

FATHER'S INFORMATION:

Name: _____

Present Parental Status: ☐ Legal ☐ Natural ☐ Natural and Legal ☐ Adjudicated

Name: _____

Present Parental Status: ☐ Legal ☐ Natural ☐ Alleged Natural

Name: _____

Present Parental Status: ☐ Legal ☐ Natural ☐ Alleged Natural

LEGAL GUARDIAN'S NAME: _____

LEGAL GUARDIAN'S NAME: _____

PLACEMENT OF ADULT ADOPTEE'S EFFECTED BY OTHER THAN OWN PARENT:

Name of Placing Agency: _____

Date of Placement with Petitioner(s): _____

PETITIONER(S):

Relationship to Adult Adoptee: _____

Present marital status: ☐ Single ☐ Married to Co-Petitioner ☐ In a Civil Union with Co-Petitioner
☐ Married to Adoptee's/Adoptees' Parent ☐ In a Civil Union with Child(ren)'s Parent

CONSENT TO THIS ADOPTION WAS GIVEN BY THE FOLLOWING PERSON(S):

<input type="checkbox"/> Mother	<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Adult Adoptee, Age: _____
<input type="checkbox"/> Natural and Legal Father	<input type="checkbox"/> Legal Custodian	<input type="checkbox"/> Adult Adoptee, Age: _____
<input type="checkbox"/> Legal Father	<input type="checkbox"/> Adjudicated Father	<input type="checkbox"/> Adult Adoptee, Age: _____
<input type="checkbox"/> Natural Father	<input type="checkbox"/> Alleged Father	<input type="checkbox"/> _____

PERSON(S) NOT CONSENTING TO THIS ADOPTION:

☐ Mother ☐ Natural and Legal Father ☐ Legal Father ☐ Adjudicated Father
☐ Natural Father ☐ Legal Guardian ☐ Legal Custodian
☐ Consent Not Required on the Following Grounds: _____

☐ Consent Not Filed for the Following Reason:

☐ Parental Rights Terminated ☐ Parent(s) Deceased

IT IS THE FURTHER FINDING OF THE COURT that:

The material allegations of the *Petition for Adoption of an Adult(s)* have been proved and all the necessary consents have been obtained and filed in this case;

The Adoptee(s) is/are adoptable under the provisions of Chapter 578 of the Hawai'i Revised Statutes and it is in the best interest of the Adoptee(s) that the adoption be granted;

The Adoptee(s) is/are physically, mentally, and otherwise suitable for adoption by the Petitioner(s), and it is in the best interest of the Adoptee(s) that the adoption be granted;

The Petitioner(s) is/are fit and proper person(s) financially able to provide the Adoptee(s) with a proper home and education;

[] Stepparent Adoption: The full reciprocal legal rights and duties existing between the Adoptee(s) and the legal parent who is now the spouse or civil union partner of the Petitioner, be continued.

All outstanding parental rights, inconsistent or incompatible with the adoptive parental rights shall be terminated.

A *Decree of Adoption of an Adult(s)* terminating all outstanding parental rights inconsistent or incompatible with the adoptive parental rights acquired by said Petitioner(s) through this adoption and setting forth the name(s) of the Adoptee(s) to be fixed by such *Decree*, shall be signed upon presentation and will take effect on the date indicated on page one.

THE CLERK OF THE COURT IS AUTHORIZED TO CERTIFY AND ISSUE the following number of copies of the *Decree of Adoption* and/or *Findings and Decision of the Court Granting Petition for Adoption of an Adult(s)*:

___ Copies of the *Findings* to the Attorney for or to the Self-Represented Petitioner(s).

___ Copy/Copies of the *Decree* to _____.

___ Additional copies of these *Findings* to the Attorney for or the Self-Represented Petitioner(s).

DATE	JUDGE'S SIGNATURE
Kapole'i, Hawaii	Print Judge's Name:



If you need an accommodation for a disability when participating in a court program, service, or activity, please contact the ADA Coordinator as far in advance as possible to allow time to provide an accommodation: Call the ADA Coordinator of the First Circuit Family Court Office at (808)954-8200, fax (808)954-8308, or send an e-mail to adarequest@courts.hawaii.gov. The ADA Coordinator will work to provide, but cannot guarantee your requested auxiliary aid, service, or accommodation.

Please call the Family Court Service Center at (808)954-8290 if you have any questions about forms or procedures.