

STATE OF HAWAII FAMILY COURT FIRST CIRCUIT	CASE TYPE AND NUMBER

**CONFIDENTIAL REQUEST FOR
SPECIAL IMMIGRANT JUVENILE FACTUAL FINDINGS
[] EXHIBIT(S) _____; NOTICE OF HEARING**

CASE NAME

REFERRAL NUMBERS (if applicable)

COURT USE ONLY

This document is prepared by:
☐ Self Represented Filing Party
☐ Attorney for Filing Party

 Name (and Attorney No. if Applicable)

 Address

 City, State, Zip Code

 Telephone/Cell Phone Number

 E-Mail Address

Confidential Request for Special Immigrant Juvenile Factual Findings

1. I am the ☐ Petitioner/Plaintiff ☐ Respondent/Defendant
☐ Other: _____.
2. I allege the following facts regarding the following child ("Child"):
 - a. Child's full name: _____,
 date of birth: _____, is a national of _____.
 - b. Child is an unmarried individual under the age of 21 years.
 - c. Child is presently living or found on the island of O'ahu.
 - d. Child was
☐ legally committed to or placed in the custody of a state agency or department or
☐ placed under the custody of the following individual(s)/guardian(s) or entity:

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on (date) _____ by the Family Court of the First Circuit, State of
 Hawai'i in the following case number and name: _____

e. Child's reunification with ☐ Mother (name) _____
 and/or ☐ Father (name) _____ was
 found not to be viable on (date) _____ in case number and name:

This finding was based on a finding of ☐ abuse ☐ neglect ☐ abandonment ☐ similar
 legal basis under Hawai'i law: (specify statute or case citation) _____
 _____ based upon the following supporting facts:

f. It is not in Child's best interest to be returned to Child's previous country of nationality or
 country of last habitual residence, (name of country/countries) _____
 _____ or to the country or countries of Child's parent(s),
(name of country/countries) _____

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<p>It is in Child’s best interest to remain in the United States based upon the following supporting facts: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>		
<p>3. <input type="checkbox"/> Additional documents in support of the above request are attached as exhibits and incorporated into this form.</p> <p>Therefore, I request that the court make the following findings:</p> <p>1. The above-named Child has been placed in the custody of the following State agency or department or an individual (e.g., guardian) appointed by the State of Hawai‘i or the Family Court:</p> <p>_____</p> <p>2. Reunification is not viable with:</p> <p> <input type="checkbox"/> Mother: <u>(name)</u> _____</p> <p> and/or <input type="checkbox"/> Father: <u>(name)</u> _____</p> <p> and/or <input type="checkbox"/> other legal parent: <u>(name)</u> _____</p> <p> because of abuse, neglect, abandonment, or another similar legal basis under Hawai‘i law, which occurred before Child became eighteen (18) years old.</p> <p>3. It is <u>not</u> in the best interest of the above-named Child to be returned to his/her <input type="checkbox"/> Mother</p>		

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<p>and/or his/her [] Father and their country of nationality or country of last habitual residence.</p> <p style="text-align: center;"><u>DECLARATION</u></p> <p>I declare under penalty of perjury that the above information is true and correct.</p> <p>DATED: _____, _____, _____.</p> <p style="text-align: center;">(City) (State) (Date)</p> <div style="text-align: right; margin-top: 20px;"> <hr style="border: 0; border-top: 1px solid black; width: 40%; margin: 0 auto;"/> Signature of [] Self-Represented Filing Party [] Attorney for Filing Party </div>		



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 954-8200, fax 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 Ho'okele , the Family Court Service Center, at **954-8290**
if you have any questions about forms or procedures.*

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CASE NAME		
<u>NOTICE OF HEARING</u>		
<p>TO: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>		
<p>THIS IS TO NOTIFY YOU that the attached “Confidential Request for Special Immigrant Juvenile Factual Findings” will be heard before the Presiding Judge of the Family Court of the First Circuit at the Ronald T.Y. Moon Kapolei Courthouse, 4675 Kapolei Parkway, 3rd Floor, Kapolei, Hawai‘i, 96707, on <u>(date and time)</u> _____ or as soon thereafter as the matter can be heard.</p>		
<p>If you fail to appear at the hearing, the relief requested may be granted without further notice to you.</p>		
<p>DATED: _____, Hawai‘i, _____.</p> <div style="display: flex; justify-content: space-around; width: 100%;"> (City) (Date) </div>		
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> CLERK OF THE ABOVE-ENTITLED COURT		
Clerk’s Printed Name: _____		

FC Adm 10/1/20

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