

Name, Address & Phone Number
(If Attorney filing, type Name, Address & Phone Number)

Plaintiff/Petitioner, Pro Se Defendant/Respondent, Pro Se
 Attorney for Plaintiff/Petitioner Defendant/Respondent

**IN THE FAMILY COURT OF THE SECOND CIRCUIT
STATE OF HAWAII**

)	CASE NO. _____
)	
Plaintiff(s)/Petitioner,)	CONFIDENTIAL REQUEST FOR
)	SPECIAL IMMIGRANT JUVENILE
vs.)	FACTUAL FINDINGS; EXHIBIT(S)
)	NOTICE OF HEARING
)	
)	Referral Numbers (if applicable):
)	_____
)	_____
)	_____
Defendant(s)/Respondent.)	

**CONFIDENTIAL REQUEST FOR SPECIAL IMMIGRANT JUVENILE FACTUAL
FINDINGS**

1. I am the Plaintiff/Petitioner Defendant/Respondent
 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 twenty-one (21) years.

c. Child is presently living or found on the island of [] Maui [] Molokai
[] Lana`i.

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: _____
on (date) _____ by the Family Court of the
Second 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**
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:

Mother (name) _____
and/or Father _____
and/or other legal parent (name) _____
because of abuse, neglect, abandonment, or another similar legal basis under
Hawai`i law, which occurred before Child became eighteen (18) years old.

3. It is **not** in the best interest of the above-named Child to be returned to his/her
 Mother and/or his/her Father and their country of nationality or country of
last habitual residence.

DECLARATION

I declare under penalty of perjury that the above information is true and correct.

Dated: _____, _____, _____,
(City) (State) (Date)

Signature of Self-Represented Filing Party
 Attorney for Filing Party

**IN THE FAMILY COURT OF THE SECOND CIRCUIT
STATE OF HAWAII**

) CASE NO. _____
)
) **NOTICE OF HEARING**
)
Plaintiff(s)/Petitioner,)
)
vs.)
)
)
)
)
)
)
Defendant(s)/Respondent.)

NOTICE OF HEARING

TO: _____


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 Second Circuit at Hoapili Hale, 2145 Main Street, Third Floor, Courtroom No. _____ Wailuku, Hawai`i 96793 on _____.
(date and time)

Dated: _____, Hawai`i, _____.
(City) (Date)

CLERK OF THE ABOVE-ENTITLED COURT

Clerk's Printed Name

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. The court will try to provide, but cannot guarantee, your requested auxiliary aid, service or accommodation.