| STATE OF HAWAI'I FAMILY COURT | _ | | | |
|--|---|--|--|--|
| FIRST CIRCUIT CONFIDENTIAL REQUEST FOR SPECIAL IMMIGRANT JUVENILE FACTUAL FINDING [] EXHIBIT(S); NOTICE OF HEARING | S | | | |
| 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 | | | |
| 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 Oʻahu. | | | | |
| 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: | | | | |

| STATE OF HAWAI'I |
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| FAMILY COURT |
| FIRST CIRCUIT |

CONFIDENTIAL REQUEST FOR SPECIAL IMMIGRANT JUVENILE FACTUAL FINDINGS

| CASE TYPE AND NUMBER | |
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| | on <u>(date)</u> | by the Family Court of the First Circuit, State of |
|----|--|---|
| | Hawaiʻi in the follow | ing case number and name: |
| e. | Child's reunification with | |
| | and/or [] Father <u>(name</u> found <u>not</u> to be viable on <u>(</u> | <u>(date)</u> in case number and name: |
| | _ | a finding of [] abuse [] neglect [] abandonment [] similar aw: (specify statute or case citation) |
| | egai basis ulluer nawai 11 | based upon the following supporting facts: |
| | | |
| | | |
| | | |
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| | | |
| f. | | erest to be returned to Child's previous country of nationality or sidence, (name of country/countries) |
| | | or to the country or countries of Child's parent(s), |
| | (name of country/countries) | <u> </u> |

| STATE OF HAWAI'I |
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| | | JOVENIED INCIDINGS |
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| | | It is in Child's best interest to remain in the United States based upon the following supporting facts: |
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| | | |
| 3. | [| Additional documents in support of the above request are attached as exhibits and incorporated into this form. |
| | Th | erefore, I request that the court make the following findings: |
| 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: | |
| 2. | Re | inification is not viable with: |
| | [| Mother: (name) |
| | | I/or [] Father: (name) |
| | | I/or lother legal parent: (name) |
| | | rause of abuse, neglect, abandonment, or another similar legal basis under Hawai'i law, which |
| | | urred before Child became eighteen (18) years old. |
| 3. | It i | s <u>not</u> in the best interest of the above-named Child to be returned to his/her |

| STATE OF HAV | <i>N</i> AI | ٠] |
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CONFIDENTIAL REQUEST FOR SPECIAL IMMIGRANT IUVENILE FACTUAL FINDINGS

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| FIRST CIRCUIT | JUVENILE FACTUAL FINDINGS | | | |
|---|--|--|--|--|
| and/or his/her [] Father and their country of nationality or country of last habitual residence. | | | | |
| | DECLARATION | | | |
| I declare under pen | alty of perjury that the above information | is true and correct. | | |
| | | | | |
| DATED: | | | | |
| (City) | (State) (Da | te) | | |
| | | | | |
| | | | | |
| | Signature of [] S | Self-Represented Filing Party Attorney for Filing Party | | |

FC Adm 10/1 /20

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CONFIDENTIAL REQUEST FOR SPECIAL IMMIGRANT JUVENILE FACTUAL FINDINGS 1F-P-3019A



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.

STATE OF HAWAI'I FAMILY COURT FIRST CIRCUIT

EXHIBIT(S) IN SUPPORT OF CONFIDENTIAL REQUEST FOR SPECIAL IMMIGRANT JUVENILE FACTUAL FINDINGS

| CASE TYPE AND NUMBER |
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| STATE OF HAWAI'I | - | CASE TYPE AND NUMBER |
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| FAMILY COURT | NOTICE OF HEARING | |
| FIRST CIRCUIT | | |
| CASE NAME | | |
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| | NOTICE OF HEADING | |
| | NOTICE OF HEARING | |
| TO: | | |
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| | | |
| THIS IS TO NOTIFY YOU | J that the attached "Confidential Request f | for Special Immigrant Iuvenile |
| | ard before the Presiding Judge of the Famil | |
| = | ei Courthouse, 4675 Kapolei Parkway, 3 rd I | |
| on <u>(date and time)</u> | | or as soon |
| thereafter as the matter can b | be heard. | |
| TC | | . 1 201 |
| | he hearing, the relief requested may be gr | anted without further notice |
| to you. | | |
| DATED:(City | , Hawaiʻi, y) (Dat | te) |
| (4, | y) (~ | |
| | | |
| | CLERK OF THE ABO | VE-ENTITLED COURT |
| | Clerk's Printed Name: | |
| | | |

FC Adm 10/1/20 NOTICE OF HEARING



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