

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

- Petitioner(s)/Respondent(s), Pro Se
 Attorney for Petitioner(s)/Respondent(s)

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

)	FC-____ NO. _____
)	
Petitioner(s),)	REQUEST REGARDING CONFIDENTIAL
)	PATERNITY RECORDS OF THE FAMILY
vs.)	COURT (HRS §584-20.5; ACT 225 OF 2019)
)	
)	<input type="checkbox"/> Request to Review File
)	
)	<input type="checkbox"/> Request to Obtain Copies
)	
Respondent(s).)	

**REQUEST REGARDING CONFIDENTIAL PATERNITY RECORDS
OF THE FAMILY COURT (HRS §584-20.5; ACT 225 OF 2019)**

- Request to Review File Request to Obtain Copies

1. **NAME OF APPLICANT:** (First, middle, and last names)

2. **APPLICANT'S MAILING ADDRESS:**

APPLICANT'S TELEPHONE NUMBERS: (include area codes)

(Home)

(Cell)

3. **DOCUMENTS REQUESTED:** (list all documents)

4. **REASON FOR REQUEST:**

5. **APPLICANT DECLARES UNDER PENALTY OF PERJURY THAT THE STATEMENTS MADE HEREIN ARE TRUE AND CORRECT TO THE BEST OF HIS/HER KNOWLEDGE, INFORMATION AND BELIEF.**

DATE

APPLICANT'S SIGNATURE

PRINT APPLICANT'S COMPLETE NAME

5. **PARTIES CONSENT TO APPLICANT'S REQUEST TO REVIEW AND/OR OBTAIN COPIES OF FILED DOCUMENTS IN THE ABOVE LISTED CASE.**

PETITIONER (TYPE/PRINT NAME)

RESPONDENT (TYPE/PRINT NAME)

PETITIONER'S SIGNATURE

RESPONDENT'S SIGNATURE

REQUEST IS: [] APPROVED AND SO ORDERED [] DENIED

Judge, Family Court of the Second Circuit
Printed Name of Judge: _____

Americans with Disability 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.