

STATE OF HAWAI'I FAMILY COURT THIRD CIRCUIT	CASE NUMBER FC-PA No. _____
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HAWAI'I PATERNITY ACTION INFORMATION

☐ Child Support Enforcement Agency, State of
Hawaii'i and

v. Petitioner(s),

☐ and Child Support Enforcement Agency, State
of Hawaii'i,
Respondent(s).

INSTRUCTIONS: This form **MUST** be completed and filed with any petition or motion filed in paternity actions. Failure to comply with completing this document will prevent the case from receiving a hearing date. **CHECK AND COMPLETE ALL THAT APPLY:**

1. This case is ☐ an Initial Petition for ☐ Paternity ☐ Custody, Visitation and Support Orders After Voluntary Establishment of Paternity.
☐ a Motion.
☐ _____.

COURT USE ONLY

This document is prepared by:
☐ Petitioner, Self-Represented Litigant
☐ Respondent, Self-Represented Litigant
☐ Attorney for ☐ Petitioner ☐ Respondent

Name (and Attorney License Number if applicable)

Address

City, State, Zip Code

Telephone Number

E-Mail Address



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 at (808) 961-7629, fax (808) 961-7577, or send an e-mail to adarequest@courts.hawaii.gov.

Please call the Family Court if you have any questions about the forms or procedures: Hilo (808) 961-7500, Kona (808) 443-2112.

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---	---	--------------------------------

2. The prior related cases involving either the Mother, Father, Child(ren), and Caretaker (if applicable) is/are: (include all cases, for example, divorce, paternity, guardianship, adoption, restraining order, etc.)

- a. Case name: _____
Case number: _____ Location of Court: _____
Type of case: _____ Date of Last Court Order: _____
Parties' Names and Child(ren) Involved: _____
- b. Case name: _____
Case number: _____ Location of Court: _____
Type of case: _____ Date of Last Court Order: _____
Parties' Names and Child(ren) Involved: _____
- c. Case name: _____
Case number: _____ Location of Court: _____
Type of case: _____ Date of Last Court Order: _____
Parties' Names and Child(ren) Involved: _____
- d. Case name: _____
Case number: _____ Location of Court: _____
Type of case: _____ Date of Last Court Order: _____
Parties' Names and Child(ren) Involved: _____

3. The issue(s) on which the parties cannot agree on is/are:

- | | |
|---|---|
| <input type="checkbox"/> Paternity | <input type="checkbox"/> Establishment of Child Support |
| <input type="checkbox"/> Genetic Tests/Costs | <input type="checkbox"/> Child Support Modification |
| <input type="checkbox"/> Legal Custody | <input type="checkbox"/> Child Support Enforcement |
| <input type="checkbox"/> Physical Custody | <input type="checkbox"/> Past Child Support Owing to: <input type="checkbox"/> Mother <input type="checkbox"/> Father |
| <input type="checkbox"/> Visitation | <input type="checkbox"/> Department of Human Services ("DHS") |
| <input type="checkbox"/> Birth Related Expenses | <input type="checkbox"/> _____ |
| <input type="checkbox"/> NONE, this case is uncontested with all issues agreed upon by the parties. | |

INFORMATION REQUIRED REGARDING MOTHER AND ALL FATHERS						
	MOTHER		ALLEGED NATURAL FATHER		LEGAL ONLY FATHER	
Full Name (First, Middle, Last)						
All Former Names						
Street Address, Apt. No.						
City, State, Zip Code						
Telephone Numbers	HOME	WORK/CELL	HOME	WORK/CELL	HOME	WORK/CELL
E-mail Address						
Social Security No.	XXX-XX-_____ (last 4 digits only)		XXX-XX-_____ (last 4 digits only)		XXX-XX-_____ (last 4 digits only)	
Date of Birth						
Place of Birth						
Race or Ethnicity						
No. of Marriages						
Primary Employer (Name, Address, and Telephone Number)						
Job Title						
Work Schedule						
Length of Service						
Gross Monthly Income	Primary	Secondary	Welfare	Primary	Secondary	Welfare
Amount of Monthly Court Ordered Child Support						
Name(s) of Child(ren) for Whom Child Support is Paid						
Where Child Support Order(s) Issued						

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---	---	--------------------------------

INFORMATION REQUIRED FOR CUSTODY/VISITATION

***List all children for whom you are requesting custody/visitation in this paternity action.**

1. Child's Full Name: _____
 Birthdate: _____ Sex: ☐ Male ☐ Female Birth Place: _____
 Current Address: _____
 School and Grade: _____
 Is Child Protective Services(CPS) or the Department of Human Services currently involved? ☐ Yes ☐ No
2. Child's Full Name: _____
 Birthdate: _____ Sex: ☐ Male ☐ Female Birth Place: _____
 Current Address: _____
 School and Grade: _____
 Is Child Protective Services(CPS) or the Department of Human Services currently involved? ☐ Yes ☐ No
3. Child's Full Name: _____
 Birthdate: _____ Sex: ☐ Male ☐ Female Birth Place: _____
 Current Address: _____
 School and Grade: _____
 Is Child Protective Services(CPS) or the Department of Human Services currently involved? ☐ Yes ☐ No
4. Child's Full Name: _____
 Birthdate: _____ Sex: ☐ Male ☐ Female Birth Place: _____
 Current Address: _____
 School and Grade: _____
 Is Child Protective Services(CPS) or the Department of Human Services currently involved? ☐ Yes ☐ No
5. Child's Full Name: _____
 Birthdate: _____ Sex: ☐ Male ☐ Female Birth Place: _____
 Current Address: _____
 School and Grade: _____
 Is Child Protective Services(CPS) or the Department of Human Services currently involved? ☐ Yes ☐ No

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---	---	--------------------------------

OTHER CHILD(REN) OF EITHER PARTY
(after the child's name, indicate (MO) for Mother's child and (FA) for Father's child

1.	Child's Full Name: _____
	Birthdate: _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Birth Place: _____
	Current Address: _____
	School and Grade: _____
	Is Child Protective Services(CPS) or the Department of Human Services currently involved? <input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Child's Full Name: _____
	Birthdate: _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Birth Place: _____
	Current Address: _____
	School and Grade: _____
	Is Child Protective Services(CPS) or the Department of Human Services currently involved? <input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Child's Full Name: _____
	Birthdate: _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Birth Place: _____
	Current Address: _____
	School and Grade: _____
	Is Child Protective Services(CPS) or the Department of Human Services currently involved? <input type="checkbox"/> Yes <input type="checkbox"/> No

**PLACES WHERE AND PEOPLE WITH WHOM THE CHILD(REN) IN THIS CASE
HAVE LIVED WITHIN THE LAST FIVE (5) YEARS AND DATES**

ADDRESS	CARETAKERS (Mother, Father, Other)	FROM Month/Year TO Month/Year

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<p align="center">PLACES WHERE AND PEOPLE WITH WHOM THE CHILD(REN) IN THIS CASE HAVE LIVED WITHIN THE LAST FIVE (5) YEARS AND DATES</p> <p align="center">(continued from page 5)</p>		
ADDRESS	CARETAKERS (Mother, Father, Other)	FROM Month/Year
<p>I, THE UNDERSIGNED, DO DECLARE UNDER PENALTY OF LAW THAT THE FOREGOING IS TRUE AND CORRECT.</p>		
DATE	SIGNATURE	
	PRINT NAME:	