

STATE OF HAWAI‘I FAMILY COURT FIRST CIRCUIT	CASE ID/NUMBER FC-P No. _____
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☐ **Stipulated**    ☐ **Judgment of Paternity**  
☐ **Order Regarding Custody, Visitation, and Support After Voluntary Establishment of Paternity**  
☐ **Order Regarding**    ☐ **Father’s**    ☐ **Mother’s**  
☐ **CSEA’s Motion filed on** \_\_\_\_\_

Court Use Only

☐ Child Support Enforcement Agency (CSEA),  
 State of Hawai‘i and  
 \_\_\_\_\_  
☐ Mother    ☐ Father    ☐ Other  
 \_\_\_\_\_  
 Petitioner(s),  
 v.  
 \_\_\_\_\_  
☐ Mother    ☐ Father    ☐ Other  
 \_\_\_\_\_  
☐ Mother    ☐ Father    ☐ Other  
 \_\_\_\_\_  
☐ Child Support Enforcement Agency (CSEA),  
 State of Hawai‘i,  
 \_\_\_\_\_  
 Respondent(s).

This document is prepared by:

☐ Self-Represented    ☐ Petitioner    ☐ Respondent  
☐ Attorney for    ☐ Petitioner    ☐ Respondent

\_\_\_\_\_  
Name (If attorney, include attorney license number)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
E-Mail Address

\_\_\_\_\_  
Hearing Date:

\_\_\_\_\_  
Presiding Judge:

☐ The parties, without a hearing, stipulate to the following:  
☐ The case came on for hearing and the following parties were present:  
☐ Mother: \_\_\_\_\_    ☐ Mother’s Attorney: \_\_\_\_\_  
☐ Father: \_\_\_\_\_    ☐ Father’s Attorney: \_\_\_\_\_  
☐ CSEA’s Attorney: \_\_\_\_\_    ☐ Other: \_\_\_\_\_  
☐ Although duly notified, \_\_\_\_\_ did not appear and the hearing proceeded by default.

Based upon the records and files, testimony, if any, and evidence adduced, the Court finds it has jurisdiction over this paternity proceeding and makes the following findings and orders:

**CHILDREN:** The following subject child(ren) are covered by this order:

	<u>Full Name</u>	Gender: Male (M)/ Female (F)/Other (O)	Date of Birth
1.	_____		
2.	_____		
3.	_____		
4.	_____		

**BASED UPON A PREPONDERANCE OF THE EVIDENCE, IT IS HEREBY ORDRED, ADJUDGED, AND DECREED AS FOLLOWS:**

1. [ ] Father's [ ] Mother's [ ] CSEA's Motion filed on \_\_\_\_\_ is hereby ☐ granted ☐ denied ☐ granted in part and denied in part as set forth in the terms of this Order.

**2. PATERNITY**

[ ] \_\_\_\_\_ IS THE FATHER OF THE ABOVE-NAMED MINOR CHILD(REN) BORN TO MOTHER AND THAT SAID CHILD(REN) IS/ARE STILL ALIVE AND HAS/HAVE NOT BEEN ADOPTED.

[ ] The presumption of paternity of \_\_\_\_\_ is rebutted by clear and convincing evidence based on the ☐ results of genetic testing ☐ Appearance and Waiver ☐ testimony and he is dismissed from this action as a party defendant. Accordingly, his name shall be deleted from the caption of this case and, if applicable, from subject child(ren)'s Certificate of Live Birth naming him as the father of said child(ren), and from all reference hereinafter made to the Father.

[ ] Paternity for the subject child(ren) has/have been established by previously entered order or judgment of paternity.

**3. BIRTH CERTIFICATE**

[ ] 3A. The Department of Health shall prepare a new Certificate of Live Birth for subject child(ren), inserting the following information:

Father's First Name: \_\_\_\_\_

Father's Middle Name: \_\_\_\_\_

Father's Last Name: \_\_\_\_\_

Ethnicity: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

[ ] 3B. The subject child(ren)'s name(s) shall be changed to: (Numbers below should correspond to the number given to the child(ren) at the top of page 2.)

- (1) First Name: \_\_\_\_\_  
Middle Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_
- (2) First Name: \_\_\_\_\_  
Middle Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_
- (3) First Name: \_\_\_\_\_  
Middle Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_
- (4) First Name: \_\_\_\_\_  
Middle Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_

#### 4. CUSTODY AND VISITATION

**Custody and visitation orders issued in Domestic Abuse Protective Orders (HRS Ch. 586) or Child Protective Act (HRS Ch. 587A) proceedings filed after this Judgment/Order shall supersede custody rights established in this Order.**

##### 4A. CUSTODY

[ ] (1) LEGAL CUSTODY: The legal custody of the subject child(ren) is/are awarded to:

- |   |  |
|---|--|
| <input type="checkbox"/> Mother                     | <input type="checkbox"/> Caretaker: _____                        |
| <input type="checkbox"/> Father                     | <input type="checkbox"/> This is a temporary order.              |
| <input type="checkbox"/> Mother and Father, Jointly | <input type="checkbox"/> The issue of legal custody is reserved. |

[ ] (2) PHYSICAL CUSTODY: The physical custody of the subject child(ren) is/are awarded to:

- |  |   |
|--|---|
| <input type="checkbox"/> Mother  | <input type="checkbox"/> Caretaker: _____                           |
| <input type="checkbox"/> Father  | <input type="checkbox"/> This is a temporary order.                 |
| <input type="checkbox"/> Mother and Father, Jointly  | <input type="checkbox"/> The issue of physical custody is reserved. |
| <input type="checkbox"/> For joint physical custody, the time sharing arrangement shall be as follows: |   |

5. **VISITATION:** Whenever possible, the parent who has the child(ren) will take the child(ren) to his/her/their weekend activities that are important to the child(ren), such as sports, birthday parties, etc.

[ ] 5A. VISITATION SCHEDULE: ☐ FATHER ☐ MOTHER shall be entitled to visitation, which will begin on (date) \_\_\_\_\_ as follows:

[ ] (1) Reasonable visitation as agreed to by the parties.

[ ] (2) Every other weekend from \_\_\_\_\_ at \_\_\_\_\_ to \_\_\_\_\_ at \_\_\_\_\_.  
(day of week) (time) (day of week) (time)

☐ Midweek dinner visits on \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_.  
(day(s) of the week) (time) (time)

☐ Midweek overnight visits on \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_.  
(day of week) (time) (time)

\_\_\_\_\_ at \_\_\_\_\_.  
(day of week) (time)

[ ] (3) Other visitation as set forth on page 4A (Detailed Visitation Schedule).

[ ] (4) Visitation shall be as follows:

[ ] (5) Out-of-State visitation shall be as follows:

## DETAILED VISITATION SCHEDULE

### 1. VACATIONS/INTERSESSIONS:

#### a. Summer Vacation:

- ☐ Shall be split as agreed to by the parties
- ☐ One-half of summer vacation with alternate weekends to the other parent. The child(ren) will be returned to the custodial parent at least one week prior to the start of school.
- ☐

#### b. Christmas and New Year's vacation:

- ☐ Shall be split as agreed to by the parties.
- ☐ Christmas vacation shall be divided equally. ☐ Mother ☐ Father shall have visitation with the child(ren) for one-half of the Christmas vacation.  
In odd-numbered years, ☐ Mother's ☐ Father's visitation shall occur in the first half of the Christmas vacation, including Christmas eve and Christmas day.  
In even-numbered years, ☐ Mother's ☐ Father's visitation shall occur in the second half of the Christmas vacation, including New Year's eve and New Year's Day.
- ☐

#### c. Spring Break:

- ☐ Shall be split as agreed to by the parties.
- ☐ Each parent shall have one-half of Spring vacation. The parent who has the child(ren) on the weekend following the last day of school shall have the extra day, if any.
- ☐ Mother shall have the child(ren) in ☐ odd-numbered years ☐ even-numbered years. Father shall have the child(ren) in the other years.

#### d. School Intersessions (for Year-Round School)

- ☐ Each intersession shall be split as agreed to by the parties.
- ☐ Intersessions shall be alternated between the parties.
- ☐

### 2. HOLIDAYS/SPECIAL DAYS

- ☐ Monday and Friday holidays shall be spent with the parent who has the child(ren) for the weekend attached to the holiday.
- ☐ Father's Day and Father's birthday shall be spent with Father
- ☐ Mother's Day and Mother's birthday shall be spent with Mother.
- ☐ Mother shall have the child(ren) on Easter, Thanksgiving, and Halloween in ☐ odd-numbered years ☐ even-numbered years. Father shall have the child(ren) for these holidays in the other alternating years.
- ☐ Other holidays/special days (child's birthday, etc.) shall be as follows: \_\_\_\_\_

### 3. TELEPHONE/ELECTRONIC CONTACTS:

- ☐ Unlimited telephone contact at reasonable hours.
- ☐ Every \_\_\_\_\_ between the hours of \_\_\_\_\_ to \_\_\_\_\_ (Hawai'i time).
- ☐

### 4. MODIFICATIONS TO THE ABOVE SCHEDULE:

- ☐ Any additional visitation or changes to the above detailed visitation schedule may be made as agreed to between the parties with at least 24-hours notice.

[ ] **5B. SUPERVISED VISITATION**

[ ] (1) ☐ FATHER ☐ MOTHER shall have supervised visitation at the PACT Center subject to the availability of the Center. The telephone number for the Family Visitation Center of the PACT Center is (808) 847-0015. It is the visiting parent's responsibility to contact the PACT Center to arrange for visitation and to pay for the costs of the PACT Center's services. Both parents shall call the Center within one (1) week from the date of this Order to register for visitation.

[ ] (2) ☐ FATHER ☐ MOTHER shall have supervised visitation with \_\_\_\_\_  
\_\_\_\_\_ providing the supervision. Visitation shall be as follows:  
\_\_\_\_\_ at \_\_\_\_\_ to \_\_\_\_\_  
(Day(s) of the Week) (Time) (Time)  
\_\_\_\_\_ at \_\_\_\_\_ to \_\_\_\_\_  
(Day(s) of the Week) (Time) (Time)

[ ] (3) Other supervised visits shall be as follows:

[ ] **5C. OTHER VISITATION PROVISIONS:**

[ ] **5D.** The issue of visitation shall be reserved.

**6. CURRENT CHILD SUPPORT:**

☐ **6A.** Child support is ☐ established ☐ modified ☐ suspended ☐ terminated as follows:

☐ (1) CURRENT CHILD SUPPORT: ☐ Father ☐ Mother shall pay for child support the sum of \$\_\_\_\_\_ per child per month for a total of \$\_\_\_\_\_ per month, each and every month, commencing \_\_\_\_\_.

Payments for child support for each child until the child attains the age of eighteen (18) years graduates from high school or discontinues high school, whichever occurs last. Child support shall further continue uninterrupted (including during regular school vacation periods) until age 23 years so long as said child continues his or her education post-high school on a full-time basis at an accredited college or university or in a vocational or trade school or until the further order of the Court.

The parent making child support payments is referred to as the "Payor Parent."

☐ (2) SUSPENSION/TERMINATION OF CHILD SUPPORT: ☐ Father's ☐ Mother's child support shall be ☐ suspended ☐ terminated effective \_\_\_\_\_.

☐ **6B.** The issue regarding child support shall be reserved pending further determination by a competent tribunal or court.

☐ **6C.** Current child support orders are temporary, pending resolution of the child support issue which may result in modification retroactive to the commencement date of this Order.

☐ **6D.** OTHER CHILD SUPPORT PROVISIONS:

**7. PAST CHILD SUPPORT**

☐ **7A. OWED TO THE DEPARTMENT OF HUMAN SERVICES ("DHS"):**

☐ (1) Judgment shall enter against Father for the sum of \$\_\_\_\_\_ for past child support owing to DHS for the period(s) from \_\_\_\_\_ through \_\_\_\_\_. Father shall pay \$\_\_\_\_\_ each and every month commencing \_\_\_\_\_ until the judgment is fully paid.

☐ (2) Judgment shall enter against Mother for the sum of \$\_\_\_\_\_ for past child support owing to DHS for the period(s) from \_\_\_\_\_ through \_\_\_\_\_. Mother shall pay \$\_\_\_\_\_ each and every month commencing \_\_\_\_\_ until the judgment is fully paid.

[ ] **7B. OWED TO MOTHER/FATHER:**

- [ ] (1) Judgment shall enter against Father for the sum of \$ \_\_\_\_\_ for past child support owing to Mother for the period from \_\_\_\_\_ through \_\_\_\_\_.  
Father shall pay \$ \_\_\_\_\_ each and every month commencing \_\_\_\_\_ until the judgment is fully paid.
- [ ] (2) Judgment shall enter against Mother for the sum of \$ \_\_\_\_\_ for past child support owing to Father for the period from \_\_\_\_\_ through \_\_\_\_\_.  
Mother shall pay \$ \_\_\_\_\_ each and every month commencing \_\_\_\_\_ until the judgment is fully paid.

8. **METHOD OF PAYMENT:** All payments for child support in accordance with the laws of the State of Hawai'i. All payments ordered above shall be made payable to and mailed to:

**CHILD SUPPORT ENFORCEMENT AGENCY, Lock Box  
P.O. Box 1860  
Honolulu, Hawai'i 96805-1860**

**INCOME WITHHOLDING:** All payments for child support shall be payable by way of an Order/Notice to Withhold Income for Child Support served on Payor Parent's current as well as successor employers.

**PAYMENT:** Payor Parent shall make payments to the Child Support Enforcement Agency (CSEA) as ordered above until the income withholding is effected, or at any time said income withholding ends and the support obligation continues. All payments made by Payor Parent not made by way of income withholding shall be made by money order, cashier's check, or certified check payable to the "Child Support Enforcement Agency" and mailed to the address listed above.

9. **COLLECTION OF SUPPORT, ARREARS, OR DEBTS:** In addition to any payment plan to liquidate the amounts owed as ordered in the above-entitled action or related administrative proceeding, CSEA is authorized to collect support and/or the full amount of any support arrears or support debt through State and Federal tax refund interception, seizure of property, withholding of income, unemployment insurance benefits, worker's compensation, and retirement benefits, or any other lawful means of collection. CSEA's collection efforts will continue until the support, arrears, or debt is paid in full, and information relating to the support, arrears, or debt may be disclosed to consumer credit reporting agencies.
10. **NOTIFICATION TO CSEA:** Parties shall notify CSEA in writing at the above address of any change in employment and/or residence address **within 10 days** of such change.



**11. MEDICAL INSURANCE:**

- ☐ 11A. ☐ Father ☐ Mother shall provide medical health insurance coverage for the subject child(ren) and shall provide the other parent proof of coverage within 30 days of the date of this hearing, if not already provided.
- ☐ 11B. ☐ Father ☐ Mother does not have the present financial capacity of providing medical health insurance coverage for subject child(ren) and is hereby ordered to provide such coverage for said child(ren) when it becomes available through that parent's employer or union.
- ☐ 11C. The issue regarding medical insurance coverage shall be reserved.

**12. OTHER PROVISIONS:**

- ☒ 12A. For as long as there is a child support order and any of the children of the parties is a minor, Mother and Father shall keep each other informed of their current residence address and telephone number unless another court order provides otherwise.
- ☐ 12B. Mother and Father shall have equal access to the child(ren)'s school and medical reports. Mother and Father shall share the medical and school reports of the child(ren) on a regular basis.
- ☐ 12C. The child(ren) shall be provided with all available military dependent's benefits.
- ☐ 12D. Except as amended herein, all existing orders of this Court shall remain in full force and effect.

**13. TRIAL/HEARING:**

- ☐ Father ☐ Mother shall appear before this Court on \_\_\_\_\_ at \_\_\_\_\_ for  
☐ further hearing ☐ pretrial conference ☐ trial ☐ at which time the parties shall submit at least the following document(s):
- ☐ Income and Expense and Asset and Debt Statements
  - ☐ Pay statements for the last three months worked
  - ☐ Tax returns filed since the year of the subject child(ren)'s birth
  - ☐ \_\_\_\_\_

**14. FURTHER ORDERS:**

14. **FURTHER ORDERS:** (continued)

DATED: Kapolei, Hawai'i, \_\_\_\_\_.

Print Judge's Name: \_\_\_\_\_

\_\_\_\_\_  
JUDGE OF THE ABOVE-ENTITLED COURT

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Mother's Address

\_\_\_\_\_  
Father's Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
XXX-XX-

\_\_\_\_\_  
Mother's Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
XXX-XX-

\_\_\_\_\_  
Father's Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Mother's Employer's Name

\_\_\_\_\_  
Father's Employer's Name

\_\_\_\_\_  
Mother's Employer's Address

\_\_\_\_\_  
Father's Employer's Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Signature of Attorney for Mother

\_\_\_\_\_  
Signature of Attorney for Father

\_\_\_\_\_  
Signature of Attorney for CSEA

\_\_\_\_\_  
Signature of (Print Name: \_\_\_\_\_)



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](mailto:adarequest@courts.hawaii.gov). The ADA Coordinator will work to provide, but cannot guarantee your requested auxiliary aid, service, or accommodation.

*Please call the Family Court Service Center at 954-8290 if you have any questions about forms or procedures.*