
Name (and if appropriate, Attorney No.)

Address

City, State, Zip Code

Telephone No.

E-Mail Address

[] Self-Represented [] Plaintiff/Petitioner [] Defendant/Respondent

[] Attorney for [] Plaintiff/Petitioner [] Defendant/Respondent

IN THE FAMILY COURT OF THE FIRST CIRCUIT

STATE OF HAWAII

CASE NAME:

) Case ID/No. _____

)

) **NOTICE OF CONFIDENTIAL**
) **INFORMATION**

)

)

)

)

)

)

)

)

)

CONFIDENTIAL INFORMATION


	PLAINTIFF/PETITIONER	DEFENDANT/RESPONDENT
FULL NAME		

FC Adm 12/5/22

Page 1 of 2 pages

CONFIDENTIAL INFORMATION

For JEFS Users:

 RG-AC-508 (12/22) WF

DOCUMENT DESCRIPTION:

Confidential Documents

DOCUMENT TYPE:

Info Confidential Ntc - HCCR9

	PLAINTIFF/PETITIONER		DEFENDANT/RESPONDENT	
ADDRESS: STREET, APT. NO. CITY, STATE, ZIP CODE				
PHONE NUMBERS	HOME	CELL	HOME	CELL
E-MAIL ADDRESS				
SOCIAL SECURITY NO.				
DATE OF BIRTH				

CHILDREN SUBJECT TO THESE PROCEEDINGS			
CHILD'S INITIALS	CHILD'S FULL NAME	M/F	DATE OF BIRTH (Month/Day/Year)

THE UNDERSIGNED SOLEMNLY AND SINCERELY 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 _____

SIGNATURE _____



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 (808)954-8200, fax (808)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 the Family Court Service Center at (808)954-8290 if you have any questions about forms or procedures.