



	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](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 (808)954-8290 if you have any questions about forms or procedures.*