

STATE OF HAWAII FAMILY COURT FIRST CIRCUIT	CASE ID/NUMBER
REQUEST FOR AUDIO-VIDEO RECORDING OF FAMILY COURT PROCEEDING(S)	
CASE NAME	Requestor is the: <div style="display: flex; justify-content: space-between;"> [] Self-Represented <input type="checkbox"/> Plaintiff/Petitioner </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Defendant/Respondent </div> <div style="display: flex; justify-content: space-between;"> [] Attorney for <input type="checkbox"/> Plaintiff/Petitioner </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Defendant/Respondent </div> Requestor's Name _____ Address _____ City, State, Zip Code _____ <div style="display: flex; justify-content: space-between;"> Telephone Number _____ Fax Number _____ </div> E-Mail Address _____
Requestor's relationship to proceeding(s):	

Date(s) of Proceeding(s)	Type of Proceeding (e.g., trial, title of motion, etc.)	Portion of Proceeding for which CD is being requested	Name of Presiding Judge

Date CD needed: _____	Is a Court Reporter's Certificate of prepayment or Waiver of Payment attached or is a deposit of fees being made? <input type="checkbox"/> Yes <input type="checkbox"/> No
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FOR JEFS USERS:

Document Category: Document

Document Type: Req for Audio-Video Recording



REMINDER:

THE COPY OF THE AUDIO-VIDEO RECORDING DOES **NOT** CONSTITUTE THE OFFICIAL RECORD OF THE PROCEEDING.

I understand that dissemination of this audio-video recording to any other person who is not a party to this case is prohibited. Violation of this prohibition may subject me to legal action for contempt of court. By my signature below, I acknowledge, understand, accept, and agree to comply with the prohibition against dissemination.

DATE OF SIGNATURE:

REQUESTOR'S 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.