STATE OF FAMILY C FIRST CIF	COURT	CASE ID/NUMBER				
REQUEST FOR AUDIO-VIDEO RECORDING OF FAMILY COURT PROCEEDING(S)						
CASE NAME						
				Requestor is the: [] Self-Represented [] Attorney for	□Defend □Plaintif	f/Petitioner dant/Respondent f/Petitioner dant/Respondent
				Requestor's Name Address		
Requestor's relationship to proceeding(s):				Telephone Number E-Mail Address		
Date(s) of Proceeding(s)		e of Proceeding I, title of motion, etc.)	Portic	on of Proceeding for whi being requested	ich CD is	Name of Presiding Judge
		_				
Date CD neede	∍d:	Is a Court Reporter's Certificate of prepayment or Waiver of Payment attached or is a deposit of fees being made? \square Yes \square No				

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Request for Audio-Video Recording of Family Court Proceeding(s) 1F-P-1054A

RG-AC-508 (08/2023) WF DOCKET CODE: REQ

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

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Request for Audio-Video Recording of Family Court Proceeding(s) 1F-P-1054A



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.