

STATE OF HAWAI'I FAMILY COURT FIRST CIRCUIT	CASE ID/NUMBER
---	----------------

**PROPOSED ORDER REGARDING
REQUEST FOR AUDIO-VIDEO RECORDING
OF FAMILY COURT PROCEEDING(S)**

CASE NAME

Requestor is the:

[] Self-Represented Plaintiff/Petitioner
 Defendant/Respondent

[] Attorney for Plaintiff/Petitioner
 Defendant/Respondent

Requestor's Name _____

Address _____

City, State, Zip Code _____

Telephone Number _____ Fax Number _____

E-Mail Address _____

Requestor's relationship to proceeding(s):

For NON-JEFS Users:

I request that I be provided with a filed copy of the attached in the following manner:

- MAIL** I have submitted, herewith (how many) _____ self-addressed, postage prepaid envelope(s).
(I understand that the Court WILL NOT supplement cost of postage.)
- PICK UP** I will return to PICK UP a copy from HO'OKELE, the FAMILY COURT SERVICE CENTER in
[] Kapolei [] Honolulu when notified by the Court and/or the following person is
Authorized to pick up the document on my behalf with photo ID: _____.
- ON OWN** I will PRINT, at my own expense, a copy from the Judiciary, State of Hawai'i, website -
eCourt*Kōkua (<https://www.courts.state.hi.us>)
(Estimated cost: \$3.00 per document, or 10 cents per page, whichever is greater. Certified
copy is \$2.00 additional per document.)
Note: Confidential Cases are not accessible on eCourt Kōkua.

For JEFS Users:

I acknowledge that I am responsible for printing any copies I need or requesting copies from the Court.

Date	Your Signature	Print Your Name
------	----------------	-----------------

STATE OF HAWAII FAMILY COURT FIRST CIRCUIT	CASE ID/NUMBER
--	----------------

**ORDER [] GRANTING [] DENYING
REQUEST FOR AUDIO-VIDEO RECORDING
OF FAMILY COURT PROCEEDING(S)**

CASE NAME

Requestor is the:

[] Self-Represented Plaintiff/Petitioner
 Defendant/Respondent

[] Attorney for Plaintiff/Petitioner
 Defendant/Respondent

Requestor's Name _____

Address _____

City, State, Zip Code _____

Telephone Number _____ Fax Number _____

E-Mail Address _____

Requestor's relationship to proceeding(s):

ORDER

[] Request for Audio-Video Recording of Proceeding(s) is granted and
FURTHER DISSEMINATION IS PROHIBITED.

[] Request for Audio-Video Recording of Proceeding(s) is denied.

Dates 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	JUDGE'S SIGNATURE
Kapolei, Hawaii	Print Judge's Name:

ACKNOWLEDGMENT AND RECEIPT

Date request received:	Estimated completion date:
Court Reporter'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.