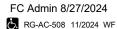
Name of Guardian	
Address	<u> </u>
City, State, Zip Code	_
Telephone Number	<u> </u>
E-Mail Address	<u> </u>
IN THE FAMILY COURT	OF THE FIRST CIRCUIT
STATE C	DF HAWAI'I
In the Matter of the Guardianship of) Case No
, (Full Legal Name))) INITIAL REPORT OF THE GUARDIAN(S)) OF A MINOR FOR PERIOD OF) TO :
A Minor, Born on);) NOTICE OF FILING OF INITIAL) REPORT
Bom on)) Minor's Name:
	GUARDIAN(S) OF A MINORTO
Age of Minor: Weight: Height:	<u> </u>
Picture: (Attach/paste a recent full body photograph	taken within the last 30 days)

(Attach Photograph Here)



In accordance with the Americans with Disabilities Act, as amended, and other applicable state and federal laws, if you require reasonable accommodation for a disability, please contact the ADA Coordinator at the First Circuity Family Court office by telephone at (808) 954-8200, fax (808) 954-8308, or via email at adarequest@courts.hawaii.gov at least ten (10) working days prior to your hearing or appointment date.

Please call the Family Court Service Center at (808) 954-8290 if you have any questions regarding forms or procedures.



1. INFORMATION ON GUARDIAN(S) Guardian's Name Date Appointed Residence Address, City, State, Zip Code Mailing Address, City, State, Zip Code Telephone Number E-mail Address Guardian's Name Date Appointed Residence Address, City, State, Zip Code Mailing Address, City, State, Zip Code Telephone Number E-mail Address 2. **RESIDENTIAL ADDRESS OF MINOR** (During the period covered by this Initial Report) Minor's Residence Address, City, State, Zip Code Telephone Number Caregiver's Name E-Mail Address Telephone Number a. Home, Apartment, or other (if other please explain):

b. Describe Minor's sleeping arrangements (e.g., own bedroom, share room):

	Doctor's Name, Address, City, State, Zip Code	Telephone Number
a.	Date of Last Physical:	
b.	Dates of Appointments:	
C.	Describe the Reason for Each Doctor's Visit: (Attach additional pa	ages if necessary)

d. Statement of Minor's Current Physical Health, and include any injuries or illnesses during this reporting period: (Attach additional pages if necessary)

MENTAL HEALTH CARE PROVIDERS (During the period covered by this Initial Report)			
a.	Ps	sychiatrist or Psychologist	
		Doctor's Name, Address, City, State, Zip Code	Telephone Number
	ī.	Date of Appointments:	
	ii.	Reason for visits, and diagnosis, if any: (Attach additional page	es if necessary)
b.	TI	herapist	
		Therapist's Name, Address, City, State, Zip Code	Telephone Number
	i.	Date of Appointments:	
	ii.	Reason for visits, and diagnosis, if any: (Attach additional page	es if necessary)
C.	S	statement of Minor's Current Mental Health: (Attach additional pa	ages if necessary)

5.

	Doctor's Name, Address, City, State, Zip Code	Telephone Number
a.	Date of Last Dental Appointment:	
b.	Date of Appointments:	
Э.	Describe the Reason for Dental Visit: (Attach additional pages if no	ecessary)
d.	Statement of Minor's Current Dental Health: (Attach additional pa	ges if necessary)
VI	SION APPOINTMENTS (During the period covered by this Initial Repo	rt) Telephone Number
VI		
	Doctor's Name, Address, City, State, Zip Code	Telephone Number Telephone Number
a.	Doctor's Name, Address, City, State, Zip Code Doctor's Name, Address, City, State, Zip Code	Telephone Number Telephone Number
a. b.	Doctor's Name, Address, City, State, Zip Code Doctor's Name, Address, City, State, Zip Code Date of Last Vision Appointment:	Telephone Number Telephone Number

DENTAL APPOINTMENTS (During the period covered by this Initial Report)

6.

8. MEDICAL DENTAL, AND VISION INSURANCE

(Attach copy of Insurance Card)

	School Name, Address, City, State, Zip Code	Telephone Number	
	School Name, Address, City, State, Zip Code	Telephone Number	
a.	Current Grade Level:		
b.	Last date attended school:		
C.	School Grades: (Attach most recent report card):		
d.	Is minor home-schooled: Yes No (If the answer is "yes", please attach a copy of the initial report of the child's progress pursuant to HAR 8-12-18(b), and answer question i. and ii below; and if the answer is "no" please proceed to question 9e.)		
	 Describe when minor began home-schooling, the reason home-schooled, and the basic curriculum being followed: 		
	ii. Describe any in-person contacts or visits from the Departi personnel:	ment of Education	
e.	Does Minor have an Individual Education Plan: Yes attach).	_ No (If yes, please	
f.	Does Minor have a 504 Plan: Yes No (If yes, please a	attach)	

	g. Statement of Minor's progress in school: (Attach additional pages if necessary)
	h. Describe Minor's extracurricular activities:
10.	CONTACT WITH DEPARTMENT OF HUMAN SERVICES (During the period covered by this Initial Report)
	a. Date of Contacts:
	b. Social Worker:(Social Worker Name) Telephone Number
	c. Describe the Reason for Contact or Visit: (Attach additional pages if necessary)
11.	Please include any additional information you believe is relevant to this Initial Report.

THE UNDERSIGNED SOLEMNLY AND SINCERELY DECLARES, UNDER PENALTY OF PERJURY, THAT THE STATEMENTS MADE HEREIN ARE COMPLETE, TRUE, AND ARE MADE TO THE BEST OF HIS/HER KNOWLEDGE, INFORMATION AND BELIEF.

	Guardian's Signature	Date
	Guardian's Signature	Date
	Date Report Due:	
Return completed form to:	Attention: Program Specialist Office of the Deputy Chief Court	Administrator
	Ronald T.Y. Moon Kapolei Cour	thouse
	4675 Kapolei Parkway, Kapolei,	Hawaiʻi 96707

IN THE FAMILY COURT OF THE FIRST CIRCUIT

STATE OF HAWAI'I

In the Matter of the Guardianship of) Case No
(Full Legal Name)) INITIAL REPORT OF THE GUARDIAN(S) ,) OF A MINOR FOR PERIOD OF , TO;
A Minor,) NOTICE OF FILING OF INITIAL) REPORT
Born on)) Minor's Name:
NOTICE OF FILING OF INITIAL REF	PORT OF THE GUARDIAN(S) OF A MINOR
STATE OF HAWAI'I TO: Name and Address: (DHS Required) Department of Human Services	Name and Address:
Child Welfare Services	
Name and Address:	Name and Address:
attached Initial Report to the Family Co forwarded to the above-named person(s) noted below.	the above guardian(s) have submitted the purt of the First Circuit and that copies will be no later than fourteen (14) days after the date
	Guardian's Signature Date