STATE OF FAMILY C FIRST CIF	COURT	CASE ID/NUMBER					
REQUEST FOR AUDIO RECORDING OF FAMILY COURT PROCEEDING(S)							
CASE NAME				1			
				[] Attorney for □F	Defend Plaintifl	f/Petitioner dant/Respondent f/Petitioner dant/Respondent	
				Requestor's Name Address			
			Í	City, State, Zip Code			
Requestor's rela	tionship to pro	oceeding(s):		Telephone Number E-Mail Address		Fax Number	
Date(s) of Proceeding(s)		e of Proceeding I, title of motion, etc.)	Portic	on of Proceeding for which C being requested	D is	Name of Presiding Judge	
Date CD needs	Date CD needed: Is a Court Reporter's Certificate of prepayment or Waiver of Payment						
attached or is a deposit of fees being made? Yes No							

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

Document Category: Motion Document Type: Request

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

I understand that dissemination of this audio 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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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.