



Requestor is the:

[    ] Self-Represented    ☐ Plaintiff/Petitioner  
                                      ☐ Defendant/Respondent

[    ] Attorney for          ☐ Plaintiff/Petitioner  
                                      ☐ Defendant/Respondent

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Requestor's Name

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Address

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City, State, Zip Code

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Telephone Number	Fax Number
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E-Mail Address

FC Adm 12/8/23 Page 1 of 2 pages Order Regarding Request for Audition  
Recording of Family Court Proceeding(s)  
1E-P-1054B

## 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](mailto: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.*