

\_\_\_\_\_  
Name

\_\_\_\_\_  
Law Firm (if applicable)

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Telephone and Fax Number (if any)

\_\_\_\_\_  
Email Address

☐ Self-Represented Party

☐ Attorney for  
Attorney# \_\_\_\_\_

**STATE OF HAWAI'I, FAMILY COURT**

CASE NO.: \_\_\_\_\_

RESPONSE TO PETITION TO  
DETERMINE PARENTAL  
RELATIONSHIP

Petitioner(s),  
vs,

☐ and CHILD SUPPORT ENFORCEMENT  
AGENCY, STATE OF HAWAI'I,

Respondent(s).

**RESPONSE TO PETITION TO DETERMINE PARENTAL RELATIONSHIP**

Comes now Respondent(s), \_\_\_\_\_,  
(Respondent(s) Name(s))

(hereinafter Respondent(s)), upon information and belief, and alleges the following:

**1. The Respondent(s): (check only one)**

☐ agrees with all claims and requests in the petition.

☐ disagrees with one or more claims in the petition.

**2. CLAIMS ABOUT THE SURROGACY AGREEMENT:**

☐ I/We agree with all of the claims in item 2 of the Petition and agree that the Surrogacy Agreement should be enforced.

☐ I/We disagree with some or all of the claims in item 2 of the Petition and make the following claims:

☐ The Surrogacy Agreement meets all the requirements of HRS Chapter 584A but it should not be enforced.

(1) Attached declaration specifies why the court should not enforce the terms of the Surrogacy Agreement.

☐ The Surrogacy Agreement does not meet all the requirements of HRS Chapter 584A, but it should still be enforced.

(1) Attached declaration identifies the specific requirement or requirements that the Surrogacy Agreement fails to meet; and  
(2) Submit sufficient proof to show that the Surrogacy Agreement establishes the parental relationship of the Intended Parents and rebuts the presumption of a parental relationship of the Surrogate even though some requirements are not met.

**3. FILING OF GESTATIONAL CARRIER AGREEMENT.**

☐ I/We agree that a true and correct copy of the notarized Surrogacy Agreement has been filed with the court.

☐ I/We disagree with some or all the claims in item 3 of the Petition and make the following claims:

4. **CHILD OR CHILDREN.**

- ☐ I/We agree with the information in item 4 of the Petition.
- ☐ I/We disagree with some of the information in item 4 of the Petition and provide the following information:

- ☐ The child(ren) conceived under the terms of the Surrogacy Agreement has not yet been born.

Number of unborn children, if known: \_\_\_\_\_

Expected date of delivery: \_\_\_\_\_

Expected place of birth: \_\_\_\_\_

- ☐ The child(ren) conceived under the terms of the Surrogacy Agreement has been born:

A. Child's Full Name: \_\_\_\_\_

☐ Male ☐ Female Birthdate: \_\_\_\_\_ Birth Place: \_\_\_\_\_

B. Child's Full Name: \_\_\_\_\_

☐ Male ☐ Female Birthdate: \_\_\_\_\_ Birth Place: \_\_\_\_\_

C. Child's Full Name: \_\_\_\_\_

☐ Male ☐ Female Birthdate: \_\_\_\_\_ Birth Place: \_\_\_\_\_

D. Child's Full Name: \_\_\_\_\_

☐ Male ☐ Female Birthdate: \_\_\_\_\_ Birth Place: \_\_\_\_\_

5. **JURISDICTION AND VENUE:**

- ☐ The court has jurisdiction under HRS Chapter 584A as stated in the Petition.

- ☐ The court does not have jurisdiction under HRS Chapter 584A because all of the following apply:

☐ A. None of the parties to the Surrogacy Agreement live in the state and circuit.

☐ B. None of the parties lived in the state and circuit when the Surrogacy Agreement was executed.

☐ C. The medical procedures leading to conception, including, but not limited to, medical evaluation, medical procedure, and/or mental health evaluation were carried out in the state and circuit.

☐ D. The child(ren) ☐ was/were not born ☐ is/are not anticipated to be born in the state and circuit.

**6. OTHER INFORMATION:**

**CERTIFICATION:**

I hereby declare under the penalty of law that the foregoing is true and correct.

DATED: \_\_\_\_\_, Hawai'i, \_\_\_\_\_  
(City) (Date)

\_\_\_\_\_  
(Respondent(s) signature)

\_\_\_\_\_  
(Print Respondent(s) Name)