
Name

Law Firm (if applicable)

Mailing Address

City, State, Zip Code

Telephone and Fax Number (if any)

Email Address

Self-Represented Party Birth Parent

Attorney for Birth Parent

Attorney # _____

STATE OF HAWAI'I, FAMILY COURT FIFTH CIRCUIT	
<p style="text-align: center;">Petitioner(s), vs, <input type="checkbox"/> and CHILD SUPPORT ENFORCEMENT AGENCY, STATE OF HAWAI'I, Respondent(s).</p>	<p>CASE NO.: _____</p> <p>PARENTAGE ACTION INFORMATION</p>
PARENTAGE ACTION INFORMATION	

INSTRUCTIONS: This form **must** be completed and filed with any petition or motion filed in parentage actions. Failure to comply with completing this document will prevent the case from receiving a hearing date. **CHECK AND COMPLETE ALL THAT APPLY:**

1. **This case is** an initial Petition for Parentage
 a Motion.

2. **The prior related cases involving either the Parent(s), Child(ren), and Caretaker (if applicable) is/are:** (include all cases, for example, divorce, parentage, guardianship, adoption, restraining order, etc.)

a. Case Name: _____
Case Number: _____ Location of Court: _____
Type of Case: _____ Date of Last Court Order: _____
Parties' Names and Child(ren) Involved: _____

b. Case Name: _____
Case Number: _____ Location of Court: _____
Type of Case: _____ Date of Last Court Order: _____
Parties' Names and Child(ren) Involved: _____

c. Case Name: _____
Case Number: _____ Location of Court: _____
Type of Case: _____ Date of Last Court Order: _____
Parties' Names and Child(ren) Involved: _____

d. Case Name: _____
Case Number: _____ Location of Court: _____
Type of Case: _____ Date of Last Court Order: _____
Parties' Names and Child(ren) Involved: _____

3. **The issue(s) on which the parties cannot agree is/are:**

- | | |
|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Parentage | <input type="checkbox"/> Establishment of Child Support |
| <input type="checkbox"/> Genetic Tests/Costs | <input type="checkbox"/> Child Support Modification |
| <input type="checkbox"/> Legal Custody | <input type="checkbox"/> Child Support Enforcement |
| <input type="checkbox"/> Physical Custody | <input type="checkbox"/> Past Child Support Owing to: |
| <input type="checkbox"/> Time-Sharing | <input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Parent 3 |
| <input type="checkbox"/> Birth Related Expenses | <input type="checkbox"/> Department of Human Services ("DHS") |
| <input type="checkbox"/> NONE, this case is uncontested with all issues agreed upon by the parties. | |

INFORMATION REQUIRED REGARDING ALL PARENTS

	PARENT 1	PARENT 2	PARENT 3
Type of Parent			
Full Name (First, Middle, Last)			
All Former Names			
Street Address, Apt. No.			
City, State, Zip Code			
Telephone Numbers	HOME	WORK/CELL	HOME
E-mail Address			
Social Security No.	xxx-xx-____ (last 4 digits only)	xxx-xx-____ (last 4 digits only)	xxx-xx-____ (last 4 digits only)
Date of Birth			
Place of Birth			
Race or Ethnicity			
No. of Marriages			
Primary Employer (Name, Address, and Telephone Number)			
Job Title			
Work Schedule			
Length of Service			
Gross Monthly Income			
Amount of Monthly Court Ordered Child Support			
Name(s) of Child(ren) for Whom Child Support is Paid			
Where Child Support Order(s) Issued			

INFORMATION REQUIRED FOR CUSTODY/VISITATION

List all children you are requesting custody/visitation orders for in this parentage action.

1. Child's Full Name: _____
Birthdate: _____ Sex: Male Female Other _____
Current Address: _____
School and Grade: _____
Is Child Welfare Services ("CWS") or the DHS currently involved? Yes No
2. Child's Full Name: _____
Birthdate: _____ Sex: Male Female Other _____
Current Address: _____
School and Grade: _____
Is Child Welfare Services ("CWS") or the DHS currently involved? Yes No
3. Child's Full Name: _____
Birthdate: _____ Sex: Male Female Other _____
Current Address: _____
School and Grade: _____
Is Child Welfare Services ("CWS") or the DHS currently involved? Yes No
4. Child's Full Name: _____
Birthdate: _____ Sex: Male Female Other _____
Current Address: _____
School and Grade: _____
Is Child Welfare Services ("CWS") or the DHS currently involved? Yes No
5. Child's Full Name: _____
Birthdate: _____ Sex: Male Female Other _____
Current Address: _____
School and Grade: _____
Is Child Welfare Services ("CWS") or the DHS currently involved? Yes No
6. Child's Full Name: _____
Birthdate: _____ Sex: Male Female Other _____
Current Address: _____
School and Grade: _____
Is Child Welfare Services ("CWS") or the DHS currently involved? Yes No

OTHER CHILD(REN) OF EITHER PARTY

1. Child's Full Name: _____
Other Child of: Parent 1 Parent 2 Parent 3 Parent 4
Birthdate: _____ Sex: Male Female Other _____
Current Address: _____
School and Grade: _____
Is Child Welfare Services ("CWS") or the DHS currently involved? Yes No
2. Child's Full Name: _____
Other Child of: Parent 1 Parent 2 Parent 3 Parent 4
Birthdate: _____ Sex: Male Female Other _____
Current Address: _____
School and Grade: _____
Is Child Welfare Services ("CWS") or the DHS currently involved? Yes No
3. Child's Full Name: _____
Other Child of: Parent 1 Parent 2 Parent 3 Parent 4
Birthdate: _____ Sex: Male Female Other _____
Current Address: _____
School and Grade: _____
Is Child Welfare Services ("CWS") or the DHS currently involved? Yes No
4. Child's Full Name: _____
Other Child of: Parent 1 Parent 2 Parent 3 Parent 4
Birthdate: _____ Sex: Male Female Other _____
Current Address: _____
School and Grade: _____
Is Child Welfare Services ("CWS") or the DHS currently involved? Yes No
5. Child's Full Name: _____
Other Child of: Parent 1 Parent 2 Parent 3 Parent 4
Birthdate: _____ Sex: Male Female Other _____
Current Address: _____
School and Grade: _____
Is Child Welfare Services ("CWS") or the DHS currently involved? Yes No

