

\_\_\_\_\_  
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 # \_\_\_\_\_

<b>STATE OF HAWAI‘I, FAMILY COURT</b> <b>FIFTH CIRCUIT</b>	
<p>Petitioner(s), vs,  <input type="checkbox"/> and CHILD SUPPORT ENFORCEMENT AGENCY, STATE OF HAWAI‘I,  Respondent(s).</p>	<p>CASE NO.: _____</p> <p>PETITION TO DETERMINE PARENTAGE</p> <p>ATTACHMENTS:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Summons</li><li><input type="checkbox"/> Birth Certificate(s)</li><li><input type="checkbox"/> Parentage Action Information</li><li><input type="checkbox"/> Parentage Financial Information</li><li><input type="checkbox"/> DNA Genetic Test Result(s)</li><li><input type="checkbox"/> Proposed Parenting Plan</li><li><input type="checkbox"/> Child Support Guidelines Worksheet</li><li><input type="checkbox"/> Other: _____</li></ul>
<b>PETITION TO DETERMINE PARENTAGE</b>	

I, \_\_\_\_\_, (“Petitioner”), a resident of the Island of Kaua‘i, State of Hawai‘i, seek to  establish parentage or  obtain custody, visitation, and/or support orders, and request other relief pursuant to Hawai‘i Revised Statutes Chapters 346, 571, 576D, and/or 584A. I acknowledge that under Hawai‘i Family Court Rules (“HF CR”) Rule 41(e)(1)(2) my action may be dismissed either for want of service after 6 months or for want of prosecution after 1 year from the date of the filing of the Petition.

Upon information and belief, I allege the following:

**1. PARTIES TO THIS ACTION**

**1A. I am the Petitioner in this case.** I am the parent of the Child(ren) as noted below (select type of parent; *see* page 3 for Definitions of Types of Parents).

- |   |  |
|---|--|
| <input type="checkbox"/> Acknowledged Parent    | <input type="checkbox"/> Functional Parent |
| <input type="checkbox"/> Adjudicated Parent     | <input type="checkbox"/> Intended Parent   |
| <input type="checkbox"/> Alleged Genetic Parent | <input type="checkbox"/> Presumed Parent   |
| <input type="checkbox"/> Birth Parent           | <input type="checkbox"/> Other: _____      |

**1B. The Named Respondent is an:**

- |   |  |
|---|--|
| <input type="checkbox"/> Acknowledged Parent    | <input type="checkbox"/> Functional Parent |
| <input type="checkbox"/> Adjudicated Parent     | <input type="checkbox"/> Intended Parent   |
| <input type="checkbox"/> Alleged Genetic Parent | <input type="checkbox"/> Presumed Parent   |
| <input type="checkbox"/> Birth Parent           | <input type="checkbox"/> Other: _____      |

**1C.  The Second Named Respondent (if applicable) is an:**

- |   |  |
|---|--|
| <input type="checkbox"/> Acknowledged Parent    | <input type="checkbox"/> Functional Parent |
| <input type="checkbox"/> Adjudicated Parent     | <input type="checkbox"/> Intended Parent   |
| <input type="checkbox"/> Alleged Genetic Parent | <input type="checkbox"/> Presumed Parent   |
| <input type="checkbox"/> Birth Parent           | <input type="checkbox"/> Other: _____      |

**1D.  The Third Named Respondent (if applicable) is an:**

- |   |  |
|---|--|
| <input type="checkbox"/> Acknowledged Parent    | <input type="checkbox"/> Functional Parent |
| <input type="checkbox"/> Adjudicated Parent     | <input type="checkbox"/> Intended Parent   |
| <input type="checkbox"/> Alleged Genetic Parent | <input type="checkbox"/> Presumed Parent   |
| <input type="checkbox"/> Birth Parent           | <input type="checkbox"/> Other: _____      |

**[Attach Separate Sheet if Needed]**

## DEFINITIONS OF TYPES OF PARENTS

**Acknowledged Parent:** an individual who signs an acknowledgement of parentage with the birth parent to establish the parent-child relationship. The acknowledgment must meet the requirements of HRS § 584A-402 and is the equivalent of an adjudication by the court.

**Adjudicated Parent:** an individual who has been adjudicated (i.e., determined to be) a parent by a court with jurisdiction.

\* **Alleged Genetic Parent:** an individual who is alleged to be, or alleges themselves to be, a genetic parent of a child whose parentage has not been adjudicated. Does not include a “presumed parent”, an individual whose parental rights have been terminated or declared not to exist, or a donor. *See* HRS § 584A-601 for adjudicating parentage of an alleged genetic parent.

\* **Birth Parent:** an individual who gave birth to a child conceived through natural sexual relations unless they were acting as a surrogate.

\* **Functional Parent:** an individual who can establish the following seven factors by clear and convincing evidence: (1) the individual resided with the child(ren) as a regular member of the child(ren)'s household for a significant period; (2) the individual engaged in consistent caretaking of the child(ren); (3) the individual undertook permanent responsibilities of a parent without expectation of compensation; (4) held out the child(ren) as the individual's own; (5) the individual established a bonded and dependent parental relationship with the child(ren); (6) another parent of the child(ren) fostered or supported the bonded and dependent relationship; and (7) that the continued relationship is in the child(ren)'s best interest.

**Intended Parent:** an individual who manifests an intent to be legally bound as a parent of a child conceived by assisted reproduction or who enters into a surrogacy agreement.

\* **Presumed Parent:** an individual who is deemed a legal parent based on a presumption in the law, including, (a) an individual married to the birth parent at the time the child was born; (b) an individual who terminated marriage to the birth parent by divorce, annulment or separation agreement and the child was born within 300 days of the termination of marriage; (c) an individual who marries the birth parent after the child is born and who asserts parentage of a child by signing a Voluntary Acknowledgment of Parentage that is filed with the Department of Health or agrees to be (and is) named as a parent on the child's birth certificate; (d) an individual who resided in the same household with the child before the child reached the age of majority and openly held out the child as their child; (e) an individual who submits to court-ordered genetic testing and the results do not exclude the possibility of parentage of the child. In some cases, the presumption can be rebutted by clear and convincing evidence and disestablish the parentage of the presumed parent.

\* Types of parents who can file for an uncontested parentage action without a hearing.

2. **TYPE OF PARENTAGE ACTION**

**2A.** This Petition is submitted as an uncontested parentage action based on my agreement with the Respondent(s) that we are the parents of the Child(ren). I request this parentage action be adjudicated without my presence at a hearing as long as any resulting judgment(s) and order(s) are consistent with the terms of the proposed orders submitted with this action. (Initial Here): \_\_\_\_\_

**2B.** Respondent has already been determined to be the parent of the Child(ren), and is not seeking to change that. We have now agreed on custody, visitation, and support matters. We will submit a stipulated order with our agreements.

**2C.** This is a contested action.

The disputed issues are:

Parentage    Custody    Visitation    Support

Other: \_\_\_\_\_.

The agreed upon issues are:

Parentage    Custody    Visitation    Support

Other \_\_\_\_\_.

3. **CHILD(REN) EACH CHILD NAMED IN THIS PETITION SHOULD HAVE THE SAME PARENTS. IF YOU ARE SEEKING TO ESTABLISH A PARENT-CHILD RELATIONSHIP WHERE THE RESPONDENT IS DIFFERENT, A SEPARATE PETITION SHOULD BE FILED.**

The Child(ren) involved in this case is/are alive and has/have not been adopted or emancipated. Information regarding the Child(ren) is as follows:

**3A.** Child's Full Name: \_\_\_\_\_

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

Child's Current Address: \_\_\_\_\_

School and Grade: \_\_\_\_\_

Is CWS involved:  Yes    No

**3B.** Child's Full Name: \_\_\_\_\_

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

Child's Current Address: \_\_\_\_\_

School and Grade: \_\_\_\_\_

Is CWS involved:  Yes  No

**3C.** Child's Full Name: \_\_\_\_\_

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

Child's Current Address: \_\_\_\_\_

School and Grade: \_\_\_\_\_

Is CWS involved:  Yes  No

**[Attach Separate Sheet if Needed]**

**PLACES WHERE AND PEOPLE WITH WHOM THE CHILD(REN) HAS/HAVE LIVED  
WITHIN THE LAST FIVE (5) YEARS AND DATES:**

ADDRESS	WHO CHILD LIVED WITH (Name and Relationship to Child)	FROM (Month/Year)	TO (Month/Year)

4. **PARTIES' INFORMATION** (check all that apply and provide known information; *see* page 3 for Definitions of Types of Parents).

**4A. ACKNOWLEDGED PARENT:**

Name: \_\_\_\_\_

Also Known As: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: xxx-xx-\_\_\_\_\_

Gross Monthly Income \$ \_\_\_\_\_ Employer: \_\_\_\_\_

Resident of: City: \_\_\_\_\_ State: \_\_\_\_\_

Facts supporting claim of parentage: \_\_\_\_\_

**4B. ADJUDICATED PARENT:**

Name: \_\_\_\_\_

Also Known As: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: xxx-xx-\_\_\_\_\_

Gross Monthly Income \$ \_\_\_\_\_ Employer: \_\_\_\_\_

Resident of: City: \_\_\_\_\_ State: \_\_\_\_\_

Facts supporting claim of parentage: \_\_\_\_\_

**4C. ALLEGED GENETIC PARENT:**

Name: \_\_\_\_\_

Also Known As: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: xxx-xx-\_\_\_\_\_

Gross Monthly Income \$ \_\_\_\_\_ Employer: \_\_\_\_\_

Resident of: City: \_\_\_\_\_ State: \_\_\_\_\_

Facts supporting claim of parentage: \_\_\_\_\_

**4D. BIRTH PARENT:**

Name: \_\_\_\_\_

Also Known As: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: xxx-xx-\_\_\_\_\_

Gross Monthly Income \$ \_\_\_\_\_ Employer: \_\_\_\_\_

Resident of: City: \_\_\_\_\_ State: \_\_\_\_\_

Facts supporting claim of parentage: \_\_\_\_\_

**4E. FUNCTIONAL PARENT:**

Name: \_\_\_\_\_

Also Known As: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: xxx-xx-\_\_\_\_\_

Gross Monthly Income \$ \_\_\_\_\_ Employer: \_\_\_\_\_

Resident of: City: \_\_\_\_\_ State: \_\_\_\_\_

Facts supporting claim of parentage: \_\_\_\_\_

**4F. INTENDED PARENT:**

Name: \_\_\_\_\_

Also Known As: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: xxx-xx-\_\_\_\_\_

Gross Monthly Income \$ \_\_\_\_\_ Employer: \_\_\_\_\_

Facts supporting claim of parentage: \_\_\_\_\_

**4G. PRESUMED PARENT:**

Name: \_\_\_\_\_

Also Known As: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: xxx-xx-\_\_\_\_\_

Gross Monthly Income \$ \_\_\_\_\_ Employer: \_\_\_\_\_

Resident of: City: \_\_\_\_\_ State: \_\_\_\_\_

Is or was married to Birth Parent.

Married the birth parent after the child is born and who asserts parentage either by signing a Voluntary Acknowledgment of Parentage that is filed with the Department of Health or by being added to the child's birth certificate.

According to genetic test.

Resided with child during minority and held child out as their child.

**4H. OTHER:**

Name: \_\_\_\_\_

Also Known As: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: xxx-xx-\_\_\_\_\_

Gross Monthly Income \$ \_\_\_\_\_ Employer: \_\_\_\_\_

Resident of: City: \_\_\_\_\_ State: \_\_\_\_\_

Facts supporting claim of parentage: \_\_\_\_\_

**5. CUSTODIAL CARETAKER** The following agency or person, who is not a parent of the Child(ren), has physical custody of the Child(ren):

CHILD WELFARE SERVICES (CWS)

Other:

Name: \_\_\_\_\_

Also Known As: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Resident of: City: \_\_\_\_\_ State: \_\_\_\_\_

Relationship to Family: \_\_\_\_\_

**6. BIRTH EXPENSES**

The Department of Human Services (DHS) and/or either parent may have made payments which resulted from or were incident to the birth parent's pregnancy, the birth of the Child(ren), and post-natal care and treatment of the Child(ren). Under the law, the payments may create a debt due to the DHS and/or either parent.

**7. PAST GOVERNMENT BENEFITS (WELFARE/QUEST/FOOD STAMPS)**

**7A.** The DHS may have provided government benefits for the Child(ren) and the payments may have created a debt due and owing to the DHS by one or more of the parents pursuant to law.

**7B.** The Child(ren) has/have not received government benefits in the past.

**8. GOVERNMENT BENEFITS FOR THE CHILD(REN)**

The Child(ren) are currently receiving government benefits: (Check all that apply and include monthly amounts.)

AFDC/TANF \$ \_\_\_\_\_

SSI/SSDI \$ \_\_\_\_\_

Food Stamps \$ \_\_\_\_\_

Other: \_\_\_\_\_ \$ \_\_\_\_\_

None of the Child(ren) are receiving government benefits at this time.

**9. MEDICAL/HEALTH/DENTAL INSURANCE:**

The Child(ren) are currently:

Covered under:

HMSA  Kaiser  Quest  Aloha Care

Other: \_\_\_\_\_

Paid for by:

Parent \_\_\_\_\_

State of Hawai'i (i.e., Quest) \_\_\_\_\_

Other: \_\_\_\_\_

**10. OTHER LEGAL PROCEEDINGS: My participation as a party in other legal proceedings involving any of the Respondent(s) and/or Child(ren) is as follows:**

[X] See Paternity Action Information

**10A.** Type of Case: \_\_\_\_\_

Case Name: \_\_\_\_\_

Case Number: \_\_\_\_\_ Location of Court: \_\_\_\_\_

Date Filed: \_\_\_\_\_ Date Concluded: \_\_\_\_\_

**10B.** Type of Case: \_\_\_\_\_

Case Name: \_\_\_\_\_

Case Number: \_\_\_\_\_ Location of Court: \_\_\_\_\_

Date Filed: \_\_\_\_\_ Date Concluded: \_\_\_\_\_

**[Attach Separate Sheet if Needed]**

12C. I am not now, nor have I been in the past, a party to any other legal proceeding involving any of the Respondent(s) and/or Child(ren).

11. **OTHER CHILD SUPPORT ENFORCEMENT AGENCY PROCEEDINGS:**

13A. There is a current child support order for the following named child(ren):

\_\_\_\_\_

Case Number: \_\_\_\_\_ The child support amount is \$ \_\_\_\_\_  
per month and is paid by: \_\_\_\_\_

This child support obligation was determined on: (date) \_\_\_\_\_ by:

Order from the Family Court, State of Hawai‘i; or

Administrative Order from:

Office of Child Support Hearings

Child Support Enforcement Agency

Other: \_\_\_\_\_

13B. There is a pending administrative child support hearing at the Office of Child Support Hearings which is scheduled for: (date) \_\_\_\_\_.

13C. There is/are no child support obligation/order for the child or any of the children.

12. **OTHER INFORMATION:**

**PETITIONER BELIEVES THAT IT IS IN THE BEST INTEREST OF THE CHILD(REN) THAT THE COURT ENTER THE FOLLOWING ORDERS:**

1. **PARENTAGE:** In addition to the Petitioner, the following individuals be adjudged the parent of the Child(ren).

1A. (Full Name): \_\_\_\_\_

(Type of Parent): \_\_\_\_\_

1B. (Full Name): \_\_\_\_\_

(Type of Parent): \_\_\_\_\_

**2. LEGAL CUSTODY (check one):**

**2A.** Legal Custody shall be ordered pursuant to the proposed Stipulated Order Regarding Custody, Visitation, and Support to be submitted to the Court.

**2B.** Legal Custody should be awarded to:

Sole to: \_\_\_\_\_

Jointly to all legal parents.

Caretaker: \_\_\_\_\_

Other: \_\_\_\_\_

The issue of legal custody should be reserved.

**3. PHYSICAL CUSTODY (check one):**

**3A.** Physical Custody shall be ordered pursuant to the proposed Stipulated Order Regarding Custody, Visitation, and Support to be submitted to the Court.

**3B.** Physical Custody should be awarded to:

Sole to: \_\_\_\_\_

Jointly to all legal parents

Caretaker: \_\_\_\_\_

Other: \_\_\_\_\_

The issue of physical custody should be reserved.

**4. VISITATION of the Child(ren) should be awarded as follows (check one):**

**4A.** Visitation shall be ordered pursuant to the proposed Stipulated Order Regarding Custody, Visitation, and Support to be submitted to the Court.

**4B.** To: \_\_\_\_\_ (include days and times)

**4C.** Reasonable visitation, as mutually agreed upon by the parties.

**4D.** To be decided by the Court.

**4E.** No visitation until further order of the Family Court because:

**4F.** The issue of visitation should be reserved.

5. **CHILD SUPPORT** for the Child(ren) to be paid by: \_\_\_\_\_

Child support for each child should continue uninterrupted (including summers and vacations) as long as each child continues their education post high school on a full-time basis at an accredited college, university, vocational, or technical school, or until each child attains the age of 23 years, whichever event occurs first or as ordered by the Court.

5A. Child Support shall be ordered pursuant to the Proposed Stipulated Order Re: Custody, Visitation, and Support to be submitted to the Court.

5B. Child support should be determined by the applicable Child Support Guidelines Worksheet.

5C. Child Support should be \$\_\_\_\_\_ per child per month for a total of \$\_\_\_\_\_ per month, based upon the current Child Support Guidelines Worksheet.

5D. Child support should be reserved as the parties and the Child(ren) are an intact family.

5E. Child support should be reserved for a court of competent jurisdiction.

6. **MEDICAL/HEALTH/DENTAL INSURANCE** for the Child(ren) should be provided by:\_\_\_\_\_.

7. **BIRTH EXPENSES** of the Child(ren) should be paid as follows:

\_\_\_\_\_ should be ordered to pay for all expenses resulting from or incident to the pregnancy, birth of the Child(ren), and post-natal care and treatment of the Child(ren), in the amounts proven to the Court. DHS may be entitled to reimbursement for birth expenses.

8. **PAST SUPPORT** of the Child(ren) should be as follows:

The non-custodial parent(s) should be ordered to reimburse the custodial parent and DHS, if appropriate, for the past support of the Child(ren).

The non-custodial parent(s) should be ordered to pay for the support, maintenance, and education of the Child(ren) from \_\_\_\_\_(date).

The non-custodial parent(s) should be ordered to pay child support of \$\_\_\_\_\_ based on \_\_\_\_\_.

**9. OTHER RELIEF REQUESTED:**

The Court should grant other relief as may be appropriate and equitable under the provisions of Chapter 346, 571, 576D, and 584A of the Hawai'i Revised Statutes.

In addition:

**CERTIFICATION**

**I, THE UNDERSIGNED, DO DECLARE UNDER PENALTY OF LAW THAT THE FOREGOING IS TRUE AND CORRECT.**

DATED: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(City) (State) (Date of Signature)

\_\_\_\_\_  
Signature of Petitioner

\_\_\_\_\_  
Printed Name