

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

<b>STATE OF HAWAI'I, FAMILY COURT</b>	
Petitioner(s), vs,  <input type="checkbox"/> and CHILD SUPPORT ENFORCEMENT AGENCY, STATE OF HAWAI'I,  Respondent(s).	CASE NO.: _____  PARENTAGE ACTION INFORMATION
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
<b>Type of Parent</b>			
<b>Full Name</b> (First, Middle, Last)			
<b>All Former Names</b>			
<b>Street Address, Apt. No.</b>			
<b>City, State, Zip Code</b>			
<b>Telephone Numbers</b>	HOME	WORK/CELL	HOME
<b>E-mail Address</b>			
<b>Social Security No.</b>	xxx-xx-____ (last 4 digits only)	xxx-xx-____ (last 4 digits only)	xxx-xx-____ (last 4 digits only)
<b>Date of Birth</b>			
<b>Place of Birth</b>			
<b>Race or Ethnicity</b>			
<b>No. of Marriages</b>			
<b>Primary Employer</b> (Name, Address, and Telephone Number)			
<b>Job Title</b>			
<b>Work Schedule</b>			
<b>Length of Service</b>			
<b>Gross Monthly Income</b>			
<b>Amount of Monthly Court Ordered Child Support</b>			
<b>Name(s) of Child(ren) for Whom Child Support is Paid</b>			
<b>Where Child Support Order(s) Issued</b>			

**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

**PLACES WHERE AND PEOPLE WITH WHOM THE CHILD(REN) IN THIS  
CASE HAVE LIVED WITHIN THE LAST FIVE (5) YEARS AND DATES**

<b>ADDRESS</b>	<b>CARETAKERS</b> (Parent 1, Parent 2, Other, etc.)	<b>FROM Month/Year</b> <b>TO Month/Year</b>

**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