

Name, Address & Phone Number
(If Attorney filing, type Name, Address & Phone Number)

Petitioner(s), Pro Se
 Attorney for Petitioner(s)

**IN THE FAMILY COURT OF THE SECOND CIRCUIT
 STATE OF HAWAII**

In the Matter of Adoption of)	FC-A NO. _____
A <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE)	
Born on:)	SPECIFIC CONSENT TO ADOPTION
A <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE)	OF <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER
Born on:)	<input type="checkbox"/> OTHER
A <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE)	
Born on:)	
A <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE)	
Born on:)	
)	
by)	
)	
<input type="checkbox"/> the legal spouse of <input type="checkbox"/> and)	
)	
<input type="checkbox"/> the child(ren)'s legal parent)	
<input type="checkbox"/> husband and wife <input type="checkbox"/> civil union partners)	
<input type="checkbox"/> an unmarried person)	
)	
_____ Petitioner(s))	

SPECIFIC CONSENT TO ADOPTION
 OF MOTER FATHER OTHER

INFORMATION REGARDING THE PROPOSED ADOPTIVE PARENTS:

	PETITIONER	PETITIONER
NAME (Full Legal Name)		
Relationship to Child(ren)		

INFORMATION REGARDING THE CHILD(REN)'S PARENTS:

	FATHER	MOTHER
Name (Full Legal Name)		
Street Address		
City, State, Zip Code		
Telephone Number		
Social Security Number		
Date of Birth		
Racial Extraction		

INFORMATION REGARDING THE CHILD(REN)'S PARENTS:

	LEGAL ONLY FATHER	OTHER LEGAL PARENT
Name (Full Legal Name)		
Street Address		
City, State, Zip Code		
Telephone Number		
Social Security Number		
Date of Birth		
Racial Extraction		

INFORMATION REGARDING THE CHILD:

Full Legal Name: _____

Sex: MALE FEMALE

Date of Birth: _____

Place of Birth: _____

INFORMATION REGARDING THE CHILD:

Full Legal Name: _____

Sex: MALE FEMALE

Date of Birth: _____

Place of Birth: _____

INFORMATION REGARDING THE CHILD:

Full Legal Name: _____

Sex: MALE FEMALE

Date of Birth: _____

Place of Birth: _____

INFORMATION REGARDING THE CHILD:

Full Legal Name: _____

Sex: MALE FEMALE

Date of Birth: _____

Place of Birth: _____

The undersigned being first duly sworn on oath, deposes and says that:

1. I am the parent of the above-identified child(ren)
2. I hereby consent to the legal adoption of the said above-identified child(ren) by the above-named proposed parent(s), with the understanding and intent that when such adoption is completed by the entry of a decree, the legal name of the child(ren) may be changed. (Check only one (1) of the following).
 - I understand that after I sign this Consent to Adoption the Court approves the adoption, all of my parental rights as well as responsibilities for said child(ren) will **continue**.
 - I understand that after I sign this Consent to Adoption the Court approves the adoption, all of my parental rights as well as responsibilities for said child(ren) will **be terminated**.

I further understand that by signing Consent to Adoption I will give up any legal right that I may have to provide care, guidance and control for said child(ren).

I further understand that by signing this Consent to Adoption I will give up any legal right that I may have to visit with said child(ren).

I declare that no representations have been made by me, by anyone, which would serve in any way to limit the complete surrender of all my parental rights intended by this consent or to limit the parental rights to be acquired by the proposed adoptive parent(s).
3. I further understand that after this consent has been signed by me, the consent will be valid and binding, even though I may be under the age of 18 years.
4. I further understand that after the child(ren) has started to reside with the adoptive parent(s) reflected on page 1 of this Consent to Adoption or after this consent has been filed with the Court in an adoption proceeding by the proposed adoptive parent(s), this consent may not be withdrawn or repudiated without the written order of a judge who has jurisdiction in adoption proceedings, based upon a written finding, supported by proof to be submitted by me, that the withdrawal of my consent would be in the best interest of the child(ren).
5. No one has forced or coerced me to sign this Consent to Adoption.
6. No one has made any promises whatsoever to me in return for signing this Consent to Adoption.
7. I have not been offered nor have I accepted any reward or money in exchange for signing this Consent to Adoption.
8. I waive further notice of any proceedings regarding the adoption of the child(ren), however if the adoption fails to be granted, I want to be given notice.

CONFIDENTIALITY PURSUANT TO HRS §578-15

1. I have been advised of the requirements of Section 578-15 of the Hawaii Revised Statutes regarding confidentiality of the court’s adoption file.
2. When my child becomes 18 years old, my child or the adoptive parents can request, in writing, to see the court’s file regarding this adoption.
3. If I do not want the Family Court to reveal my identity to my child or the adoptive parents, I must file an affidavit requesting confidentiality with the Family Court (on this island that the adoption occurred) within ninety (90) calendar days before my child’s 18th birthday. This affidavit is good for ten (10) years.
4. After that, I can file an affidavit every ten (10) years or I can file an affidavit to keep my identity confidential for the rest of my life.
5. All affidavits must be filed within ninety (90) days prior to the expiration of the previous affidavit.
6. After my child reaches 18 years old, I can request to see the court’s adoption file, too, but my child has the same rights as I do to keep the file confidential.
7. My decision to keep my information confidential or not applies to me only and does not apply to the other natural parent.
8. I can agree to open up the adoption file at any time and my child can too after turning 18 years old.
9. It will be my responsibility to keep the Family Court informed of my current address if I want disclosure to be made.
10. The Family Court has no responsibility to notify the child, adoptive parent(s) or the natural parent(s) of any deadlines or expiration dates.

DATE

SIGNATURE

On this day, before me personally appeared _____, to me known to be person named in and who executed the foregoing document and acknowledged that said document was read and is understood by said person and was executed as the free act and deed of said person

State of Hawai`i County of Maui	Signature:	Printed Name of Notary Public	Commission Expires:
Date	Notary Public, State of Hawai`i		Date

Americans with Disabilities Act Notice



If you need an accommodation for a disability when participating in a court program, service, or activity, please contact the ADA Coordinator as soon as possible to allow the court time to provide an accommodation: Call (808) 244-2855 FAX (808) 244-2932 OR Send an e-mail to: adarequest@courts.hawaii.gov. The court will try to provide, but cannot guarantee, your requested auxiliary aid, service or accommodation.