

**STATE OF HAWAI'I**  
FAMILY COURT OF THE  
FIRST CIRCUIT

This document is prepared by

- Self-Represented  Petitioner/Plaintiff  Respondent/Defendant  
 Attorney for  Petitioner/Plaintiff  Respondent/Defendant

\_\_\_\_\_  
Name (and if applicable, Attorney No.)

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
E-Mail Address

CASE NAME

CASE ID/NUMBER

TITLE OF DOCUMENT

STATE OF HAWAII FAMILY COURT FIRST CIRCUIT	<b>ADOPTION INFORMATION SHEET</b>	CASE NUMBER  FC-A No.
--	-----------------------------------	-----------------------------

**Instructions:** The Attorney, Petitioner(s) Pro Se, or the Agency completes this form. In “closed” or confidential adoptions this page should not be revealed to the Petitioners when completed. After the adoption has been completed, a copy of this form will be submitted to the Adoptions Records Unit for its use upon receipt of disclosure requests. (See Section 578-15 of the Hawai‘i Revised Statutes.)

**CHILD(REN):**

1. Child’s First, Middle, and Last Name **at Birth:** \_\_\_\_\_  
\_\_\_\_\_

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

Child’s First, Middle, and Last Name **after Adoption:** \_\_\_\_\_  
\_\_\_\_\_

2. Child’s First, Middle, and Last Name **at Birth:** \_\_\_\_\_  
\_\_\_\_\_

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

Child’s First, Middle, and Last Name **after Adoption:** \_\_\_\_\_  
\_\_\_\_\_

3. Child’s First, Middle, and Last Name **at Birth:** \_\_\_\_\_  
\_\_\_\_\_

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

Child’s First, Middle, and Last Name **after Adoption:** \_\_\_\_\_  
\_\_\_\_\_

**Adoption Agency (if any):** \_\_\_\_\_



In accordance with the Americans with Disabilities Act, as amended, and other applicable state and federal laws, if you require accommodation for a disability, please contact the ADA Coordinator at the First Circuit Family Court office by telephone at 954-8200, fax 954-8308, or via email at adarequest@courts.hawaii.gov at least ten (10) working days prior to your hearing or appointment date.

*Please call Family Court Service Center at 954-8290, if you have any questions about how to fill out this form.*

STATE OF HAWAII FAMILY COURT FIRST CIRCUIT	<b>ADOPTION INFORMATION SHEET</b>	CASE NUMBER  FC-A No.
<b><u>ADOPTIVE PARENTS:</u></b>		
	<b><u>Adoptive Father</u></b>	<b><u>Adoptive Mother</u></b>
Full Legal Name: (include birth/maiden names)		
Address:		
Telephone Number:		
Birth Date:		
Social Security Number:		
Ethnic Background:		
<b><u>NATURAL PARENTS</u></b>		
	<b><u>Father</u></b> <input type="checkbox"/> Natural <input type="checkbox"/> Legal <input type="checkbox"/> Adjudicated	<b><u>Mother</u></b>
Name:		
Address:		
Telephone No.:		
Birth Date:		
Social Security Number:		
Ethnic Background:		
<b>Legal Only Father</b> (if different from Natural Father)		
Name: _____		
Address: _____		
The undersigned declares under penalty of perjury that the above information is true and correct.		
Date: _____ Signature: _____		
<input type="checkbox"/> Attorney <input type="checkbox"/> Petitioner Pro Se <input type="checkbox"/> Agency Representative		