

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

**DECLARATION OF PRIVATE CHILD CUSTODY EVALUATOR REGARDING
QUALIFICATIONS, CONTACT INFORMATION, AND FEES**

1. Name: _____
Address: _____

Telephone Number: _____

2. I am licensed in the state of Hawai'i as a:
- board certified psychiatrist under Hawai'i Revised Statutes (HRS) chapter 453
 - physician under HRS chapter 453 who has completed residency in psychiatry
 - psychologist under HRS chapter 465
 - marriage and family therapist under HRS chapter 451J
 - clinical social worker under HRS section 467E-7(3)

My Hawai'i license number is: _____

My Hawai'i license expires on: _____

3. I speak the following language(s): _____

4. My fees are \$_____ per hour.

5. I understand I can be removed from the Registry of Private Child Custody Evaluators at any time upon written notice from the Senior Family Court Judge for any reason including, but not limited to:
- a. failure to maintain my license;
 - b. failure to inform the Senior Family Court Judge of (1) the revocation or suspension of my license within three (3) days of such action being taken against me and/or (2) any changes to the information contained in my *Declaration of Private Child Custody Evaluator Regarding Qualifications, Contact Information, and Fees* form.

I declare under penalty of perjury under the laws of the State of Hawai'i that the foregoing is true and correct.

Date

Signature of Declarant/Private Child Custody Evaluator

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.