

<p>STATE OF HAWAI‘I FAMILY COURT OF THE FIRST CIRCUIT</p>		
<p>This document is prepared by <input type="checkbox"/> Self-Represented <input type="checkbox"/> Petitioner/Plaintiff <input type="checkbox"/> Respondent/Defendant <input type="checkbox"/> Attorney for <input type="checkbox"/> Petitioner/Plaintiff <input type="checkbox"/> Respondent/Defendant</p> <p>_____</p> <p>Name (and if applicable, Attorney No.)</p> <p>_____</p> <p>Address</p> <p>_____</p> <p>City, State, Zip Code</p> <p>_____</p> <p>Telephone Number</p> <p>_____</p> <p>E-Mail Address</p>		
<p>CASE NAME</p>	<p>CASE ID/NUMBER</p>	
<p>TITLE OF DOCUMENT</p>		

FAMILY COURT FIRST CIRCUIT STATE OF HAWAII	LIST OF EXHIBITS <input type="checkbox"/> SUPPLEMENTAL	CASE NUMBER FC-A No.
In the Matter of the Adoption of A <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE CHILD, Born on: _____ A <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE CHILD, Born on: _____ A <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE CHILD, Born on: _____ <p style="text-align:center;">by</p> <input type="checkbox"/> legal spouse of <input type="checkbox"/> civil union partner of <input type="checkbox"/> and _____ <input type="checkbox"/> the child(ren)'s legal parent <input type="checkbox"/> a married couple <input type="checkbox"/> civil union partners <input type="checkbox"/> an unmarried person <p style="text-align:right;">Petitioner(s).</p>		<input type="checkbox"/> ATTORNEY FOR PETITIONER(S) <input type="checkbox"/> PETITIONER(S) PRO SE _____ Name _____ Address _____ City, State, Zip Code _____ Telephone Number _____ Email Address
Exhibit No.	Description of Exhibit	
1		
Date	Signature of Petitioner Pro Se or Attorney for Petitioner	
	COURT USE ONLY	

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 adarequest@courts.hawaii.gov at least ten (10) working days prior to your hearing or appointment date.

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

