

Petitioner Pro se or
Attorney Name & ID
Address
Telephone Number

IN THE FAMILY COURT OF THE FIFTH CIRCUIT
STATE OF HAWAII

In the Matter of the Change of Name of _____) FC-M No.
(NAME))
Born on _____)
(DATE))
Minor.)
_____)

PETITION TO CHANGE NAME OF
MINOR CHILD; SUPPORTING
AFFIDAVIT; NOTICE OF HEARING

PETITION TO CHANGE NAME OF MINOR CHILD

TO THE HONORABLE PRESIDING JUDGE OF THE FAMILY COURT:

Petitioner respectfully alleges as follows:

1. This petition is to change the name of a minor child pursuant to HRS Section 574-5, as amended.
2. The following information concerns the Petitioner:

NAME:

ADDRESS:

RELATIONSHIP TO MINOR: mother father guardian.

3. The following information concerns the above-named minor child:

NAME:

ADDRESS:

DATE OF BIRTH:

PLACE OF BIRTH:

SEX:

AGE:

SS NO. xxx-xx-

4. Petitioner seeks to change the name of the above-named child from

_____ to _____
(CURRENT NAME) (PROPOSED NAME)

5. The name change of the child by Petitioner will be for the best interests of the child because (explanation - i.e. Minor has been using the name _____ (PROPOSED NAME) _____ for several years and already identifies him/her self with this name).

6. The child's name may be changed under HRS Section 574-5, as amended, notwithstanding the fact that written consent to change name of the child has not been given by the legal parent, whose name is _____ (NON-CONSENTING PARENT) and whose last known address is _____ (ADDRESS)

7. Such written consent is not required or it may be dispensed with under HRS Section 574-5, as amended, by reason of the facts to be proved at the hearing of this Petition.

Non-consenting parent _____ (NAME)

has refused to communicate or in any way contact the Petitioner or Petitioner's attorney, despite the receipt of the consent to change name from the Petitioner and Petitioner's attorney.

On _____ (DATE), certified letters, return receipt requested were sent to

_____ (NON-CONSENTING PARENT'S NAME)

and _____ (NON-CONSENTING PARENT)

signed the return receipt requested. However, despite receipt of the consent forms,

_____ (NON-CONSENTING PARENT)

refused and continued to refuse to communicate or contact the Petitioner or Petitioner's attorney. A copy of the letter and consent form mailed to _____ (NON-CONSENTING PARENT)

_____ and the return receipt(s) are attached as Exhibits " _____ ",

incorporated by reference hereon.

Wherefore, it is prayed:

1. That a hearing be set for this Petition and that the time and place of hearing of the Petition be given to all required persons.

2. That upon a hearing hereof, said child be decreed to have a change of name from

_____ to _____ ,
(CURRENT NAME OF MINOR) (PROPOSED NAME)

effective as of the date of the filing of this Petition.

3. That the court decree such further relief as will serve the best interests of the child.

Petitioner declares under penalty of perjury that Petitioner has read this petition for name change and knows and understands the contents hereof, and that the statements made herein are true of Petitioner's own knowledge, except as to matters herein stated upon information and belief; as to those matters, Petitioner believes them to be true.

DATED: Līhu'e, Kaua'i, Hawai'i,

Signature of Petitioner, Pro se
 Petitioner's Attorney

IN THE FAMILY COURT OF THE FIFTH CIRCUIT

STATE OF HAWAII

In the Matter of the Change of Name of)	FC-M No.
)	
_____)	SUPPORTING AFFIDAVIT
(NAME))	(any pertinent exhibits)
)	
Born on _____)	
(DATE))	
)	
Minor.)	
_____)	

SUPPORTING AFFIDAVIT

STATE OF HAWAI'I)	
)	ss.
COUNTY OF KAUA'I)	

(include in affidavit, all reasonable efforts made to locate, notify and obtain consent of other parent for the name change proceeding)

(Attach any pertinent exhibits - i.e. copy of signed "return receipt requested" mailed to parent, copy of envelope marked "return to sender", or "undeliverable mail", etc.)

(Name of Affiant)

Subscribed and sworn to me

this _____ day of _____, 20 _____ .

Notary Public, State of Hawai'i

My Commission Expires: _____

IN THE FAMILY COURT OF THE FIFTH CIRCUIT

STATE OF HAWAI'I

In the Matter of the Change of Name of _____) FC-M No.
 _____)
 (NAME)) NOTICE OF HEARING
 _____)
 Born on _____)
 (DATE))
 _____)
 Minor.)
 _____)

NOTICE OF HEARING

THE STATE OF HAWAI'I

TO: _____
 (NAME OF PARENTS AND ADDRESSES)

YOU ARE HEREBY NOTIFIED that a petition to Change the Name of Minor Child,
 _____, has been filed in the Family Court.
 (NAME)

The Petition, which alleges that your consent to the name change is not required under HRS Section 574-5, as amended, will be heard in the Family Court of the Fifth Circuit, 3970 Kā'ana Street, Līhu'e, Kaua'i, Hawai'i 96766 at _____ : _____ A.M. / P.M. , Courtroom # _____ on _____, 20 ____ .

If you fail to appear at the hearing, or to file an answer with the Office of the Chief Clerk of the Fifth Circuit Court, State of Hawai'i, located in the Pu'uhonua Kaulike Building, 3970 Kā'ana Street, Līhu'e, Kaua'i, Hawai'i 96766, before the date of the hearing, further action may be taken in this cause without further notice to you.

DATED: Līhu'e, Kaua'i, Hawai'i _____

 Clerk of the above-entitled Court



In accordance with the Americans with Disabilities Act and other applicable state and federal laws, if you require a reasonable accommodation for a disability, please contact the ADA Coordinator at the Circuit Court Administrative Office at PHONE NO. 482-2314, FAX 482-2553, or TTY 482-2533 at least ten (10) working days prior to your hearing or appointment date.