

STATE OF HAWAI'I FAMILY COURT FIRST CIRCUIT	<b>CIVIL UNION DIVORCE ACTION (CUDA) INFORMATION</b>			CASE NUMBER  FC-CU No.		
PLAINTIFF		PREPARED BY: <input type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT <input type="checkbox"/> ATTORNEY FOR PLAINTIFF <input type="checkbox"/> ATTORNEY FOR DEFENDANT			DATE FILED	
DEFENDANT						
NATURE OF CASE: <input type="checkbox"/> DIVORCE <input type="checkbox"/> SEPARATION <input type="checkbox"/> ANNULMENT <input type="checkbox"/> OTHER						
ITEM	PLAINTIFF			DEFENDANT		
FULL NAME						
BIRTH OR MAIDEN NAME						
ADDRESS STREET, APT. NO.						
TOWN/COUNTY, STATE, ZIP						
TELEPHONE NUMBERS	HOME	WORK		HOME	WORK	
	CELL			CELL		
SOCIAL SECURITY NUMBER	XXX - XX - _____			XXX - XX - _____		
DATE OF BIRTH						
PLACE OF BIRTH (State or Country)						
RACE						
HIGHEST GRADE						
HAWAI'I RESIDENT SINCE						
CIRCUIT RESIDENT SINCE						
PRIMARY EMPLOYER (Name and Address)						
JOB TITLE						
WORK SCHEDULE						
LENGTH OF SERVICE						
GROSS MONTHLY INCOME (All Sources)	Primary	Secondary	Welfare	Primary	Secondary	Welfare
DATE OF THIS CIVIL UNION	DATE			COUNTY / STATE		
DATE OF SEPARATION <input type="checkbox"/> NOT SEPARATED	DATE			COUNTY / STATE		



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 Office of the Chief Administrator at PHONE NO.954-8200, FAX 954-8212, or TTY 539-4853 at least ten (10) working days prior to your hearing or appointment date.

Please call Ho'okele, the Self-Help Desk, at 954-8290, if you have any questions about how to fill out this form.

STATE OF HAWAII FAMILY COURT FIRST CIRCUIT		<b>CIVIL UNION DIVORCE ACTION (CUDA) INFORMATION (Continued)</b>				CASE NUMBER FC-CU No.
	FROM MONTH/YEAR	TO MONTH/YEAR	DIVORCE	TERMINATED BY ANNULMENT	DEATH	STATE
Plaintiff's Prior Marriage(s)						
Plaintiff's Prior Civil Union(s)						
Defendant's Prior Marriage(s)						
Defendant's Prior Civil Union(s)						

**CHILDREN: ALL CHILDREN OF EITHER PARTY FROM YOUNGEST TO OLDEST**

CHILD'S FULL NAME	M/F	BIRTHDATE	LEGAL PARENT (PLAINTIFF, DEFENDANT, OR OTHER)	PRESENT CUSTODY	SCHOOL AND GRADE

**INFORMATION REQUIRED FOR CUSTODY**

CHILD(REN)'S PRESENT ADDRESS:

PLACES WHERE AND PERSON WITH WHOM THE CHILD(REN) HAVE LIVED WITHIN THE LAST FIVE YEARS AND DATES

ADDRESS	CARETAKERS	FROM MONTH/YEAR	TO MONTH/YEAR

PLAINTIFF  IS  IS NOT PREGNANT. EXPECTED DELIVERY DATE: \_\_\_\_\_  
 DEFENDANT  IS  IS NOT PREGNANT. EXPECTED DELIVERY DATE: \_\_\_\_\_

THE UNDERSIGNED SOLEMNLY AND SINCERELY DECLARES, UNDER PENALTY OF PERJURY, THAT THE STATEMENTS MADE HEREIN ARE TRUE AND CORRECT TO THE BEST OF HIS/HER KNOWLEDGE, INFORMATION, AND BELIEF.

DATE	SIGNATURE
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