STATE OF HAWAI'I FAMILY COURT OF THE FIRST CIRCUIT		
This document is prepared by [] Self-Represented □ Pet [] Attorney for □ Petitioner/		
Name (and if applicable, Attor	ney No.)	
Address		
City, State, Zip Code		
Telephone Number		
E-Mail Address		
CASE NAME		CASE ID/NUMBER
CAGE NAIVIE		
TITLE OF DOCUMENT		

FAMILY COURT FIRST CIRCUIT	_	PTION LAG SHEET	CASE NUMBER			
STATE OF HAWAI'I			FC-A No.			
In the Matter of the Adoption of A []MALE []FEMALE CHILD,		[]ATTORNEY FOR P				
Born on:A [] MALE [] FEMALE CHILD,						
Born on:		Name				
A []MALE []FEMALE CHILD,		Address				
Born on:		, iddiose				
A []MALE []FEMALE CH	,	City, State, Zip Code				
Born on:by	_					
Бу		Telephone Number				
[]legal spouse of [] civil un	ion partner of []and	E-Mail Address				
		E-Mail Address				
[]the child(ren)'s legal parent []a married couple []civil union partners []an unmarried person						
	Petitioner(s).					
I. Type of Adoption: ('x' all t	sent [] Step-parent []Relative:	(Relationship to Child)			
[]Agency:	(Name of Agen	CV)				
II. Consent(s) have been obtained from the following person(s)/agency: ('x' all that apply) [] Mother [] Legal Only Father [] Child(ren) 10 years and older						
[]Natural and Legal Fath	er []Legal Guardian	(s) []Agency:				
[]Natural/Adjudicated Fa	[]Natural/Adjudicated Father []Legal Custodian(s) []Other:					
III. Consent(s) have <u>not</u> been obtained from the following person(s)/agency: ('x' all that apply) [] Mother [] Child(ren) 10 years and older						
[]Natural and Legal Fath	[]Natural and Legal Father []Legal Guardian(s) []Agency:					
[]Natural/Adjudicated Father []Legal Custodian(s) []Other:						
IV. Consent(s) of person(s) in	paragraph III may be dis	spensed with and is not re	quired because:			
			_			
			-			
		Act, as amended, and other				
contact the ADA Coordinate	or at the First Circuit Family	odation for a disability, pleas y Court office by telephone a	t			
954-8200, fax 954-8308, or days prior to your hearing or		.gov at least ten (10) workin	9			
Please call the Family Court Service Center, at 954-8290, if you have any questions about procedures or how to fill out this form.			COURT USE ONLY			

	FAMILY COURT	ADOPTION	CASE NUMBER			
S ⁻	FIRST CIRCUIT	HEARING FLAG SHEET	FC-A No.			
V.						
	[] Death Certificate for child(ren)'s [] mother[] father [] Divorce Decree for: (name which Petitioner) [] Order Appointing Legal Custodian or Guardian of the child(ren) [] Paternity Judgment for child(ren) [] Certified copy of the Judgment of Termination of Parental Rights [] Certified copy of the Order Awarding Permanent Custody [] Affidavit of Birth Background [] Foreign Adoption Placement Agency's Affidavit [] Medical certificate for each child [] Statement of Mailing of Notice to DHS (Department of Human Services)					
VI.	Have any foreign language documents been translated into English? [] Yes [] No					
VII.	The following documents have been given to the Adoption Clerk: [] DOH Medical Information form, Birth Parent's Consent to Release of Information [] Mother's medical records of the child(ren)'s birth and Mother's Consent to Release [] Copy of Adoption Information Sheet					
IX.	Does Interstate Compact on the Placement of Children (ICPC) apply? []Yes []No If yes, have all the requirement of ICPC been met? []Yes []No					
Χ.	Does the Indian Child Welfare Act (ICWA) apply to this case? []Yes []No If yes, have all requirements of ICWA been met? []Yes []No					
XI.	I. Are you aware of any opposition or objection to the Petition? []Yes []No If yes, by whom (include relationship to child(ren) and reason(s) for objection, if known)					
The undersigned Attorney or Petitioner(s) Pro Se hereby certifies that to the best of his or her knowledge and belief, all of the foregoing are true and correct.						
DATE		SIGNATURE OF ATTORNEY OR PETITIONER PRO SE				
DATE		SIGNATURE OF ATTORNEY OR PETITIONER PRO SE				