

(Name, Address and Phone Number)

[] Petitioner [] Respondent Pro Se

IN THE FAMILY COURT OF THE SECOND CIRCUIT

STATE OF HAWAI'I

)	FC-___ No. _____
)	
Petitioner(s),)	ACKNOWLEDGMENT OF
)	PATERNITY
vs.)	
)	
)	
Respondent(s).)	
_____)	

ACKNOWLEDGMENT OF PATERNITY

STATE OF HAWAI'I)	
)	SS.
COUNTY OF MAUI)	

The undersigned Affiant, being duly sworn on oath, deposes and says:

1. That I am the [] Petitioner [] Respondent in the above-entitled case;
2. That I am the natural father of the child born to the above named [] Petitioner [] Respondent; said child's name, date of birth, place of birth and sex are:

Name of Child:

Date of Birth:

Place of Birth:

Sex:

3. I am aware that I have the right to have legal counsel represent me and I have been given the opportunity to secure counsel. I am aware that I have a right to trial and to request a genetic test. I am waiving these rights.

4. I hereby declare under penalty of perjury that I have read the Petition for Paternity, the Stipulated Judgment of Paternity, and this Affidavit; that I understand the same, that I freely sign the same without threat or coercion on the part of any person and that I have received a true copy of the same on this date.

5. I am not in the military service of the United States.

I am in the military service of the United States and waive all rights which I may now have or will hereafter acquire under the Soldiers' and Sailors' Civil Relief Act of 1940, 50 U.S.C.A. Section 501 et. Seq.

DATED: _____, Hawai'i _____
(date)

Respondent Pro Se

STATE OF HAWAII)
) SS.
COUNTY OF MAUI)

On this _____ day of _____, 20____ before me personally appeared _____, to me known to be the person described in and who executed the foregoing instrument and acknowledged that he executed the same as his free act and deed.

Notary Public, Second Judicial Circuit
State of Hawaii

My Commission Expires: _____

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.

