

(Name, Address and Phone Number)

Respondent Pro Se

IN THE FAMILY COURT OF THE SECOND CIRCUIT

STATE OF HAWAII

	)	FC-___ No. _____
	)	
	)	AFFIDAVIT OF RESPONDENT
Petitioner(s),	)	
	)	
vs.	)	
	)	
	)	
	)	
Respondent(s).	)	
_____	)	

AFFIDAVIT OF RESPONDENT

STATE OF HAWAII )  
 )  
 COUNTY OF MAUI )

SS.

I, \_\_\_\_\_, Respondent in the above-entitled action  
depose and state that:

1. 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.

2. 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.

3. [ ] 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.

4. I am not the father of \_\_\_\_\_, born \_\_\_\_\_ as I did not have access to \_\_\_\_\_, the Natural Mother, during the child's conception period.

AFFIANT FURTHER SAYETH NAUGHT.

DATED: \_\_\_\_\_, Hawai'i \_\_\_\_\_

\_\_\_\_\_  
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](mailto:adarequest@courts.hawaii.gov). The court will try to provide, but cannot guarantee, your requested auxiliary aid, service or accommodation.