

Name, Address & Phone Number
(If Attorney filing, type Name, Address & Phone Number)

Petitioner(s), Pro Se
 Attorney for Petitioner(s)

IN THE FAMILY COURT OF THE SECOND CIRCUIT
STATE OF HAWAII

In the Matter of Adoption of) FC-A NO. _____
A MALE FEMALE)
Born on:)
A MALE FEMALE)
Born on:)
A MALE FEMALE)
Born on:)
A MALE FEMALE)
Born on:)
by)
[] the legal spouse of [] and)
[] the child(ren)'s legal parent)
[] husband and wife [] civil union partners)
[] an unmarried person)

Petitioner(s))

RELEASE OF CHILD
FOR ADOPTION

RELEASE OF CHILD FOR ADOPTION

Full Legal Name of Mother

Date Mother's Child Expected to be born: _____

Full Legal Name of Alleged Natural Father

I, the above-named alleged natural father hereby states that I have been advised that the mother above-identified has named me as the natural father of her expected child.

I hereby acknowledge that I am or may be said (expected) child's father. I consent to the adoption of said (expected) child by adoptive parents to be selected as directed by _____ and waive further notice of any condition of or action respect to said (expected) child. I release any parental interest and consent to the termination of any parental rights I may be deemed or believed to have in said (expected) child and I consent to the child's adoption by parents to be selected as directed by _____.

I am without sufficient information to acknowledge or deny that I am said (expected) child's father. However, in order to facilitate the care and well-being of said (expected) child, I release any parental interest and consent to the termination of any parental rights I may be deemed or believed to have in said (expected) child and I consent to the child's adoption by parents to be selected as directed by _____.

I hereby deny that I am the natural father of said (expected) child. However, in order to facilitate the care and well-being of said (expected) child, I release any parental interest and consent to the termination of any parental rights I may be deemed or believed to have in said child and I consent to the child's adoption by parents to be selected as directed by _____.

I do not wish to receive any further contact or notification of any action in respect to said child.

If after the child reaches the age of majority, said child wishes to locate me; I do; do not; am undecided in respect to whether I wish to have my identity disclosed to said child. In any event, I understand that it is my responsibility to advise the Court as to my whereabouts if I wish such disclosure to be made to this child upon his or her reaching adulthood and initiating such a request.

CONFIDENTIALITY PURSUANT TO HRS §578-15

1. I have been advised of the requirements of Section 578-15 of the Hawaii Revised Statutes regarding confidentiality of the court’s adoption file.
2. When my child becomes 18 years old, my child or the adoptive parents can request, in writing, to see the court’s file regarding this adoption.
3. If I do not want the Family Court to reveal my identity to my child or the adoptive parents, I must file an affidavit requesting confidentiality with the Family Court (on this island that the adoption occurred) within ninety (90) calendar days before my child’s 18th birthday. This affidavit is good for ten (10) years.
4. After that, I can file an affidavit every ten (10) years or I can file an affidavit to keep my identity confidential for the rest of my life.
5. All affidavits must be filed within ninety (90) days prior to the expiration of the previous affidavit.
6. After my child reaches 18 years old, I can request to see the court’s adoption file, too, but my child has the same rights as I do to keep the file confidential.
7. My decision to keep my information confidential or not applies to me only and does not apply to the other natural parent.
8. I can agree to open up the adoption file at any time and my child can too after turning 18 years old.
9. It will be my responsibility to keep the Family Court informed of my current address if I want disclosure to be made.
10. The Family Court has no responsibility to notify the child, adoptive parent(s) or the natural parent(s) of any deadlines or expiration dates.

DATE

SIGNATURE

On this day, before me personally appeared _____, to me known to be person named in and who executed the foregoing document and acknowledged that said document was read and is understood by said person and was executed as the free act and deed of said person

State of Hawai`i County of Maui	Signature:	Printed Name of Notary Public	Commission Expires:
Date	Notary Public, State of Hawai`i		Date

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.