

**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) )

SUPPORTING AFFIDAVIT  
(For Service by Mail or Personal  
Service Without the State)

**SUPPORTING AFFIDAVIT**  
**(For Service by Mail or Personal Service Without the State)**

The undersigned being first duly sworn on oath, deposes and says that:  
This affidavit is made in support of the prayer of the petition that notice to the

non-consenting [ ] mother [ ] father [ ] legal guardian [ ] legal custodian of the subject child(ren) was given by [ ] mail [ ] personal service without the state.

The name of the non-consenting person/agency is:

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The present address or the last known address of the non-consenting person/agency is as follows:

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Signature of Petitioner(s)

Subscribed and sworn to me before on this \_\_\_\_  
day of \_\_\_\_\_, 20 \_\_\_\_

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Notary Public, \_\_\_\_\_ Judicial Circuit  
State of Hawai'i

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