STATE OF HAWAI'I FAMILY COURT	HAWAI'I PATERNITY ACTION		CASE NUMBER			
FIRST CIRCUIT	INFORMATION		FC-P No.			
[] CHILD SUPPORT ENFORC STATE OF HAWAI'I, and	CEMENT AGENCY,	This document was pre []Petitioner Pro Se [Attorney for []Petition] Defendant Pro Se			
v.	Petitioner(s),	Name (If attorney, include attorney license number)				
		Address				
and []CHILD SUPPORT ENFORC STATE OF HAWAI'I,	CEMENT AGENCY, Defendant(s).	City, State, Zip Code				
INSTRUCTIONS: This form <u>MUST</u> be completed and filed with any petition or motion filed in paternity actions. Failure to comply with completing this document will prevent the case from receiving a hearing date. CHECK AND COMPLETE ALL THAT APPLY:						
	 1. This case is a/an [] Initial Petition for Paternity Custody, Visitation & Support Orders After VEP [] Motion [] 					
2. The prior related cases involv (include all cases, divorce, pate			nd Caretaker (if applicable) is/are er, etc.):			
a. Case Name:Case Number:						
Location of Court:Type of Case: Date of Last Court Order: Parties' Names and Child(ren) Involved:						
b. Case Name:		Ca	se Number:			
Location of Court:Type of Case: Date of Last Court Order: Parties' Names and Child(ren) Involved:						
c. Case Name:	c. Case Name:Case Number:					
Location of Court:Type of Case: Date of Last Court Order: Parties' Names and Child(ren) Involved:						
 3. The issue(s) on which the pa Paternity Chil Genetic Chil Legal Custody Chil Physical Custody Pas Visitation Visitation Birth Related Other NONE, this case is uncontext In accordance with the America 	d Support Establishme d Support Modification d Support Enforcemen t Child Support Owing lother Father DI er: ested with all issues agrouns with Disabilities Act	nt to: HS □Other <u>eed upon by the parties</u> t, as amended, and othe	r			
applicable state and federal laws, if you require accommodation for a disability, please contact the ADA Coordinator at the Office at the First Circuit Family Court office by telephone at 954-8200, fax 954-8212, or via email at adarequest@courts.hawaii.gov at least ten (10) working days prior to your hearing or appointment date.						
Please call the Family Court Se questions regarding forms or proc		3290, if you have any	, COURT USE ONLY			
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Section 508 Certified

INFORMATION REQUIRED REGARDING MOTHER AND ALL FATHERS									
		MOTHER		ALLEGED NATURAL FATHER		LEGAL ONLY FATHER			
Full Name (First, Middle, Last)									
All Former Names									
Street Address Apt. No.									
City, State, Zip Code									
Phone Numbers	HOME	WC	RK/CELL	HOME		WO	RK/CELL	HOME	WORK/CELL
Social Security No.	xxx - xx	(las	st 4 digits only)	xxx - xx		_ (last	t 4 digits only)	xxx-xx-	(last 4 digits only)
Date of Birth									
Place of Birth									
Race or Ethnicity									
No. Of Marriages									
Primary Employer (Name, Address, and Telephone Number)									
Job Title									
Work Schedule									
Length of Service									
Gross Monthly Income	Primary	Secondary	Welfare	Primary	Second	lary	Welfare		
Amount of Monthly Court Ordered Child Support					•				
Name(s) of Child(ren) for Whom Child									
Where Child Support Order(s) Issued									

	INFORMATION REQUIRED FOR CUSTODY/VISITATION					
	*List all children for whom you are requesting custody/visitation in this paternity action					
1.	Child's Full Name:					
	Birthdate: Sex: Male Female Birth Place:					
	Current Address:					
	School and Grade:					
	Is Child Protective Services (CPS) Currently Involved? Yes No					
2.	Child's Full Name:					
	Birthdate: Sex: All Male Female Birth Place:					
	Current Address:					
	School and Grade:					
	Is CPS Currently Involved? Yes No					
3.	Child's Full Name:					
	Birthdate: Sex: Male Female Birth Place:					
	Current Address:					
	School and Grade:					
	Is CPS Currently Involved? Yes No					
4.	Child's Full Name:					
	Birthdate: Sex: Male Female Birth Place:					
	Current Address:					
	School and Grade:					
	Is CPS Currently Involved? Yes No					
	OTHER CHILD(REN) OF EITHER PARTY					
	(after the child's name, indicate (MO) for Mother's child (FA) for Father's child)					
1.	Child's Full Name:					
	Birthdate: Sex: Male Female Birth Place:					
	Current Address:					
	School and Grade:					
	Is Child Protective Services (CPS) Currently Involved? Yes No					
2.	Child's Full Name:					
	Birthdate: Sex: Male Female Birth Place:					
	Current Address:					
	School and Grade:					
	Is CPS Currently Involved? Yes No					

	OTHER CHILD(REN) OF EITHER PARTY (continued) (after the child's name, indicate (MO) for Mother's child (FA) for Father's child)						
3	3. Child's Full Name:						
0.	Birthdate: Sex: Male Female Birth Place:						
	Current Address:						
	School and Grade:						
4.	Child's Full Name:						
	Birthdate: Sex: Male Female Birth Place:						
	Current Address:						
	School and Grade:						
	Is CPS Currently Involved? Yes No						
	PLACES WHERE AND PEOPLE WITH WHOM THE CHILD(REN) IN THIS CASE HAVE LIVED WITHIN THE LAST FIVE (5) YEARS AND DATES						
			FROM Month/Year				
 	ADDRESS	(Mother, Father, Other)	TO Month/Year				
	I, THE UNDERSIGNED, DO DECLARE UNDER PENALTY OF LAW THAT THE FOREGOING IS TRUE AND CORRECT.						
DA	TE SIGNATURE						
	PRINT NAME:						