

<p>STATE OF HAWAI'I FAMILY COURT OF THE FIRST CIRCUIT</p>		
<p>This document is prepared by <input type="checkbox"/> Self-Represented <input type="checkbox"/> Petitioner/Plaintiff <input type="checkbox"/> Respondent/Defendant <input type="checkbox"/> Attorney for <input type="checkbox"/> Petitioner/Plaintiff <input type="checkbox"/> Respondent/Defendant</p> <p>_____</p> <p>Name (and if applicable, Attorney No.)</p> <p>_____</p> <p>Address</p> <p>_____</p> <p>City, State, Zip Code</p> <p>_____</p> <p>Telephone Number</p> <p>_____</p> <p>E-Mail Address</p>		
<p>CASE NAME</p>	<p>CASE ID/NUMBER</p>	
<p>TITLE OF DOCUMENT</p>		

<p>FAMILY COURT FIRST CIRCUIT STATE OF HAWAI'I</p>	<p>CONSENT TO ADOPTION BY SPOUSE/CIVIL UNION PARTNER OF ADULT ADOPTEE</p>	<p>CASE NUMBER FC-A No.</p>
<p>Adult Adoptee's Legal Name</p>		<p>Adult Adoptee's Birthdate</p>
<p>Name of Adult Adoptee's <input type="checkbox"/> Spouse <input type="checkbox"/> Civil Union Partner</p>	<p>Date of Marriage/Solemnization of Civil Union</p>	
<p>Name of Proposed Adoptive Parent(s)</p>		
<p>I, _____, am the <input type="checkbox"/> spouse <input type="checkbox"/> civil union partner of the above-named Adult Adoptee and am fully informed as to the nature of this proceeding.</p> <p>I do consent, pursuant to Section 578-2(b) of the Hawai'i Revised Statutes, to the adoption of my <input type="checkbox"/> spouse <input type="checkbox"/> civil union partner by _____.</p>		
<p>Date</p>	<p>Signature of Spouse/Civil Union Partner</p>	
<p>Document Title: <u>Consent to Adoption by Spouse/Civil Union Partner of Adult Adoptee</u></p> <p>Document Date: _____ No. of Pages: <u>1</u></p> <p>was subscribed and sworn to me in the First Circuit, State of Hawai'i by:</p> <p>_____</p> <p>Notary Public Signature: _____ Date: _____</p> <p>Print Name: _____</p> <p>My commission expires: _____</p> <p style="text-align: right;">SEAL</p>		

FC Adm 2/11/16

CONSENT TO ADOPTION BY SPOUSE/
CIVIL UNION PARTNER OF ADULT ADOPTEE



In accordance with the Americans with Disabilities Act, as amended, and other applicable state and federal laws, if you require accommodation for a disability, please contact the ADA Coordinator at the First Circuit Family Court office by telephone at 954-8200, fax 954-8308, 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 Service Center at 954-8290 if you have any questions regarding forms or procedures.

Reprographics (2/2016)

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