

<p><b>STATE OF HAWAI'I</b>  <b>FAMILY COURT OF THE</b>  <b>FIRST CIRCUIT</b></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>		

FAMILY COURT FIRST CIRCUIT STATE OF HAWAI'I	<b>NOTICE OF          TIME AND PLACE OF HEARING</b> (By Mail or Personal Service Without the State)	CASE NUMBER FC-A No.
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<p>In the Matter of the Adoption of</p> <p>A <input type="checkbox"/> MALE CHILD    <input type="checkbox"/> FEMALE CHILD</p> <p>Born on: _____</p> <p>A <input type="checkbox"/> MALE CHILD    <input type="checkbox"/> FEMALE CHILD</p> <p>Born on: _____</p> <p>A <input type="checkbox"/> MALE CHILD    <input type="checkbox"/> FEMALE CHILD</p> <p>Born on: _____</p> <p style="text-align: center;">by</p> <p>_____</p> <p><input type="checkbox"/> legal spouse of    <input type="checkbox"/> civil union partner of    <input type="checkbox"/> and</p> <p>_____</p> <p><input type="checkbox"/> the child(ren)'s legal parent  <input type="checkbox"/> a married couple    <input type="checkbox"/> civil union partners  <input type="checkbox"/> an unmarried person</p> <p style="text-align: right;">Petitioner(s).</p>	
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THE STATE OF HAWAI'I TO:

\_\_\_\_\_

**Name** of Non-Consenting Parent/Legal Guardian/Legal Custodian

\_\_\_\_\_

**Address** of Non-Consenting Parent/Legal Guardian/Legal Custodian

\_\_\_\_\_

YOU ARE HEREBY NOTIFIED that the attached Petition for Adoption has been filed in the Family Court, First Circuit, State of Hawai'i. Information regarding the child(ren) to be adopted are as follows:

<u>FULL NAME OF CHILD</u>	<u>SEX</u>	<u>BIRTHDATE</u>
	[ <input type="checkbox"/> ] Male [ <input type="checkbox"/> ] Female	
	[ <input type="checkbox"/> ] Male [ <input type="checkbox"/> ] Female	
	[ <input type="checkbox"/> ] Male [ <input type="checkbox"/> ] Female	

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THE PETITION ALLEGES that your consent to the adoption of the above-named child(ren) by the above-named Petitioner(s) is not required and may be dispensed with pursuant to Section 578-2(c) of the Hawai'i Revised Statutes (HRS), as amended.

A hearing on the Petitioner will be held on \_\_\_\_\_ at \_\_\_\_\_  
at the **Family Court of the First Circuit** located at the **Ronald T.Y. Moon Kapolei Courthouse, 4675 Kapolei Courthouse, 4675 Kapolei Parkway, Third Floor, Kapolei, Hawai'i, 96707.**

IF YOU FAIL to appear at the hearing noted above or if you fail to file a written response to the allegations stated in the Petition for Petition, further action be taken, including the granting of the adoption, without further notice to you. Your written response should be addressed to the: Presiding Judge, Family Court, First Circuit, 4675 Kapolei Parkway, Kapolei, Hawai'i, 96707, ATTN: SPECIAL DIVISION CALENDAR CLERK.

FAILURE TO OBEY this Notice may result in an entry of default and default judgment against you.

YOU ARE FURTHER NOTIFIED that the child(ren), the adoptive parent(s), and the natural parents have rights under HRS Section 578-15 regarding confidentiality of adoption records after the child(ren) reach/reaches age 18.

DATE	CLERK'S SIGNATURE
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**THIS NOTICE SHALL NOT BE PERSONALLY DELIVERED BETWEEN 10:00 P.M. AND 6:00 A.M. ON PREMISES NOT OPEN TO THE PUBLIC, UNLESS A JUDGE OF THIS COURT PERMITS, IN WRITING ON THIS NOTICE, PERSONAL DELIVERY DURING THOSE HOURS.**



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](mailto:adarequest@courts.hawaii.gov) at least ten (10) days prior to your hearing or appointment date.

*Please call the Family Court Service Center at 954-8290 if you have any questions about forms or procedures.*