

STATE OF HAWAI'I FAMILY COURT FIRST CIRCUIT	CASE ID/NUMBER
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REQUEST TO BE EXCUSED FROM ATTENDING KIDS FIRST

PLAINTIFF/PETITIONER [] Self-Represented

Name: _____

Mailing Address: _____

Cell Phone No.: _____

Alternative Phone No.: _____

E-Mail Address: _____

COURT USE ONLY

Print name of person who prepared this request:

DEFENDANT/RESPONDENT [] Self-Represented

Name: _____


Mailing Address: _____

Cell Phone No.: _____

Alternative Phone No.: _____

E-Mail Address: _____

Staff only: Approved Denied

 If you need an accommodation for a disability when participating in a court program, service or activity, please call the ADA Coordinator of the First Circuit Family Court Office at 954-8200, fax 954-8308, or send an e-mail to adarequest@courts.hawaii as far in advance as possible to allow time to provide an accommodation. The ADA Coordinator will work to provide, but cannot guarantee your requested auxiliary aid, service, or accommodation. Please call the Kids First Program at 954-8280, if you have any questions about how to fill out this form.

1. Names of person(s) who want to be excused (if requesting to excuse child(ren), INITIALS ONLY): _____

2. Date of Marriage: _____ 3. Date of Separation: _____

4. Date scheduled to attend Kids First: _____

5. Date attended Kids First within the past 2 years: _____

a. Divorce Civil Union Divorce Paternity, Case Number: _____

b. Case names: _____

c. Names at that time: _____

6. Check any that apply:

In a residential treatment facility Incapacitated/severely disabled Incarcerated

Explain other problems: _____

Print Name: _____ Signature: _____