

IN THE FAMILY COURT OF THE FIRST CIRCUIT
STATE OF HAWAI'I

)	Case No. _____
)	
)	COVER SHEET FOR REQUEST TO BE
)	EXCUSED FROM ATTENDING THE
)	KIDS FIRST PROGRAM
Plaintiff/Petitioner,)	
v.)	
)	
)	
)	
)	
Defendant/Respondent.)	



If you need an accommodation for a disability when participating in a court program, service, or activity, please contact the ADA Coordinator as far in advance as possible to allow time to provide an accommodation: Call the ADA Coordinator of the First Circuit Family Court Office at (808)954-8200, fax (808)954-8308, or send an e-mail to adarequest@courts.hawaii.gov. The ADA Coordinator will work to provide, but cannot guarantee your requested auxiliary aid, service, or accommodation.

Please call the Family Court Service Center at (808)954-8290 if you have any questions about forms or procedures.

FC ADM 5/16/22

FOR JEFS USERS:

Document Category: Motion

Document Type: Request to Excuse Appearance

RG-AC-508 (7/22) WF

Proposed Request to be Excused from
Attending the Kids First Program 1F-P-835

DOCKET CODE: REXC

STATE OF HAWAII FAMILY COURT FIRST CIRCUIT	CASE ID/NUMBER _____
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REQUEST TO BE EXCUSED FROM ATTENDING THE KIDS FIRST PROGRAM

PLAINTIFF/PETITIONER ☐ Self-Represented

Name: _____

Address: _____

Cell Phone No.: () _____

Alternative Phone No.: () _____

E-Mail Address: _____

Print name of person who prepared this request: _____

DEFENDANT/RESPONDENT ☐ Self-Represented

Name: _____

Address: _____

Cell Phone No.: () _____

Alternative Phone No.: () _____

E-Mail Address: _____

Staff only: ☐ Approved ☐ Denied



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Please call the Kids First Program at (808)954-8280 if you have any questions about how to fill out this form.

1. Names of person(s) who want to be excused: _____

2. Date of Marriage: _____

3. Date of Separation: _____

4. Date scheduled to attend the Kids First Program: _____

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

a. ☐ Divorce ☐ Civil Union Divorce ☐ Paternity, Case Number(s): _____

b. Case names: _____

c. Names at that time: _____

6. Check any that apply:

☐ In a residential treatment ☐ Incapacitated/severely disabled ☐ Incarcerated

☐ Explain other problems: _____

Date: _____ Signature: _____