

**CONFIDENTIAL PURSUANT TO HFCR 7.2(a)**

STATE OF HAWAI'I FAMILY COURT FIRST CIRCUIT	CASE ID/NUMBER <hr/>			
<b>MATRIMONIAL ACTION INFORMATION</b>				
PLAINTIFF	PREPARED BY: <input type="checkbox"/> Self-Represented Plaintiff <input type="checkbox"/> Attorney for Plaintiff <input type="checkbox"/> Self-Represented Defendant <input type="checkbox"/> Attorney for Defendant			
DEFENDANT				
NATURE OF CASE: <input type="checkbox"/> Divorce <input type="checkbox"/> Separation <input type="checkbox"/> Annulment <input type="checkbox"/> Other				
<b>ITEM</b>	<b>PLAINTIFF</b>	<b>DEFENDANT</b>		
Full Name				
Birth or Maiden Name				
Address: (Street, Apt. No., City, State, Zip Code)				
Contact Information	Home Phone No.	Cell Phone No.	Home Phone No.	Cell Phone No.
	E-Mail Address		E-Mail Address	

**FOR JEFS USERS:**

**Document Category: Complaint**

**Document Type: Matrimonial Action Info**

DOCKET CODE: MAI

ITEM	PLAINTIFF			DEFENDANT		
Social Security Number	XXX-XX-_____			XXX-XX-_____		
Year of Birth						
Place of Birth (State or Country)						
Race						
Highest Grade Completed						
Domiciled on O'ahu on Date Complaint filed	[ ] Yes [ ] No			[ ] Yes [ ] No		
Date Domiciled on O'ahu, State of Hawai'i						
In the Military?	[ ] Yes [ ] No			[ ] Yes [ ] No		
Primary Employer (Name and Address)						
Job Title						
Work Schedule						
Length of Service						
Gross Monthly Income (All Sources)	<u>Primary</u>	<u>Secondary</u>	<u>Welfare</u>	<u>Primary</u>	<u>Secondary</u>	<u>Welfare</u>
Date of this Marriage	DATE OF MARRIAGE			COUNTY/STATE WHERE MARRIED		
Date of Separation <input type="checkbox"/> NOT SEPARATED	DATE OF SEPARATION			COUNTY/STATE WHERE SEPARATED		

	FROM MONTH/YEAR	TO MONTH/YEAR	DIVORCE	TERMINATED BY ANNULMENT	DEATH	STATE
Plaintiff's Prior Marriages						
Plaintiff's Prior Civil Union(s)						
Defendant's Prior Marriages						
Defendant's Prior Civil Union(s)						

**CHILDREN: ALL CHILDREN OF EITHER PARTY FROM THE YOUNGEST TO THE OLDEST**

CHILD'S FULL NAME	M/F	DATE OF BIRTH	LEGAL PARENT (Plaintiff, Defendant, or Other)	PRESENT CUSTODY	SCHOOL AND GRADE

**INFORMATION REQUIRED FOR CUSTODY OF PARTIES' CHILD(REN) TOGETHER**

CHILD(REN)'S PRESENT ADDRESS:

PLACE(S) WHERE AND PERSON(S) WITH WHOM THE CHILD(REN) HAVE LIVED WITH IN THE LAST FIVE YEARS AND DATES:

ADDRESS	CARETAKERS	FROM MONTH/YEAR	TO MONTH/YEAR

[ ] PLAINTIFF     IS     IS NOT PREGNANT. EXPECTED DELIVERY DATE: \_\_\_\_\_

[ ] DEFENDANT     IS     IS NOT PREGNANT. EXPECTED DELIVERY DATE: \_\_\_\_\_

THE UNDERSIGNED SOLEMNLY AND SINCERELY DECLARES, UNDER PENALTY OF PERJURY, THAT THE STATEMENTS MADE HEREIN ARE TRUE AND CORRECT TO THE BEST OF HIS/HER KNOWLEDGE, INFORMATION, AND BELIEF.

DATE

SIGNATURE



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](mailto: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.*