

# HCRR RULE 9 CONFIDENTIAL

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone No. \_\_\_\_\_

Plaintiff/Petitioner Pro Se

Defendant/Respondent Pro Se

Other: \_\_\_\_\_

IN THE FAMILY COURT OF THE FIRST CIRCUIT

STATE OF HAWAII

	)	FC-____ No. _____
Plaintiff/Petitioner,	)	
v.	)	EX PARTE MOTION AND
	)	DECLARATION TO AUTHORIZE
	)	RELEASE OF COPY/COPIES OF
	)	DOCUMENT(S); EXHIBIT A;
	)	ORDER
	)	
Defendant/Respondent.	)	
	)	

## EX PARTE MOTION AND DECLARATION TO AUTHORIZE RELEASE OF COPY/COPIES OF DOCUMENT(S)

I, (Name) \_\_\_\_\_, Movant, requests pursuant to Hawai'i Family Court Rule 7(b), an order authorizing the release of a copy/ copies of the document(s) marked confidential pursuant to Rule 9 of the Hawai'i Court Records Rules. In support of this motion, Movant states as follows: I am the

Plaintiff/Petitioner  Defendant/Respondent  Other: \_\_\_\_\_

in the above-entitled case. I request a copy/copies of the following document(s):

	Title of Document(s)	Date Filed	No. of Copies
1.	_____		
2.	_____		
3.	_____		
4.	_____		

Copy/Copies requested need to be:  certified  exemplified.

Copies are needed for the following reasons: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Attached as Exhibit A is a copy of my government issued identification card.
- Continuation sheet is attached.

I declare, under penalty of perjury, that the foregoing is true and correct.

City: \_\_\_\_\_, State: \_\_\_\_\_, Date: \_\_\_\_\_.

\_\_\_\_\_  
Movant's signature

Print Name: \_\_\_\_\_


### ORDER

- This Ex Parte Motion is DENIED.
- This Ex Parte Motion is APPROVED and IT IS HEREBY ORDERED that copy/copies of the above-requested document(s) shall be released to the Movant whose name and signature appear above upon payment of all required fees and costs.

DATED: Kapolei, Hawai'i, \_\_\_\_\_.

\_\_\_\_\_  
Judge of the Above-Entitled Court

Print Judge's Name: \_\_\_\_\_

 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 Ho'okele, the Family Court Service Center, at 954-8290 if you have any questions about forms or procedures.*