

**INSTRUCTIONS FOR REQUESTS REGARDING CONFIDENTIAL ADOPTION RECORDS
OF THE FAMILY COURT (Act 80 of 2016)**

*****GENERAL INFORMATION*****

- A. The adoption records law was amended by Act 80 of 2016, effective June 21, 2016, and applies to adoptions granted by a judge in the State of Hawai‘i. Adult adoptees and their natural or adoptive parents (“Applicant”) may access the Court’s adoption records, upon request.
- B. This form may also be used for other requests for access to adoption records.
- C. You may submit this request in person (bring a picture ID) or by mail (notarization required).

1. SPECIFY THE CORRECT CIRCUIT: Send this request to the Family Court in the circuit in which the adoption took place.

2. TELEPHONE NUMBERS AND ADDRESSES:

a. 1st Circuit - Island of O‘ahu

(mail)→ Adoptions Records
Family Court, First Circuit
Ronald T.Y. Moon Kapolei Courthouse
4675 Kapolei Parkway
Kapolei, Hawai‘i 96707-3272

(In-person)→ Legal Research and Adoptions Unit
Family Court, First Circuit
Ronald T.Y. Moon Kapolei Courthouse, 2nd floor
4675 Kapolei Parkway
Kapolei, Hawai‘i 96707-3272

Telephone number: (808) 954-8145

b. 2nd Circuit - Islands of Maui, Moloka‘i and Lāna‘i:

Adoption Records
Family Court, Second Circuit
2145 Main Street, Suite 226
Wailuku, Hawai‘i 96793-1679

Telephone number: (808) 244-2770

c. 3rd Circuit - Island of Hawai‘i: (Hilo)

Adoption Records
Family Court, Third Circuit
777 Kīlauea Avenue
Hilo, Hawai‘i 96720-4212

Telephone number: (808) 961-7500

(Kona)

Adoptions Records
Family Court, Third Circuit
Lenders Document Building
77-6399 Nalani Street
Kailua-Kona, Hawai‘i 96740

Telephone number: (808) 961-7500


d. 5th Circuit - Island of Kaua‘i:

Adoptions Records
Family Court, Fifth Circuit
3970 Kā‘ana Street, Suite 305
Līhu‘e, Hawai‘i 96766-1283

Telephone number: (808) 482-2350

***** INSTRUCTIONS TO COMPLETE REQUEST FORM*****

1. **PRESENT NAME OF APPLICANT:** State your full legal name (first, middle and last names).
2. **APPLICANT'S RELATIONSHIP TO ADOPTEE:** The adoptee is the child who was adopted. Place an "X" in the box which indicates whether you are the adoptee, natural parent (birth parent of adoptee), or the adoptive parent (parent who adopted the child).
3. **FULL NAME OF ADOPTEE:** State the full legal name of the adoptee, if known. If the full legal name of the adoptee is not known, please provide the following information:
 - A. The adoptee's full name at time of birth and prior to adoption; or
 - B. If the adoptee was not named at the time of birth, state: (1) the sex of the child; and (2) mother's last name at the time child was born. Example: "Female Smith."
4. **ADOPTEE'S BIRTH DATE AND BIRTH PLACE:** State adoptee's birthdate and the city, state and/or country of birth.
5. **NAME OF ADOPTIVE FATHER:** State the full name (first, middle and last names) of the father who adopted the child, if known.
6. **NAME OF ADOPTIVE MOTHER:** State the full name (first, middle and last names) of the mother who adopted the child, if known.
7. **NAME OF NATURAL FATHER:** State the full name (first, middle and last names) of the biological father of the child, if known.
8. **NAME OF NATURAL MOTHER:** State the full name (first, middle and last names) of the woman who gave birth to the child, if known.
9. **REQUEST IS FOR:** Place an "X" in the appropriate box which describes what action you are requesting.
10. **REASONS FOR REQUEST:** If the applicant is someone other than the adult adoptee, his/her natural parents or adoptive parents, then please state the reasons for your request.
11. **APPLICANT'S MAILING ADDRESS:** Print or type your street or mailing address, city and state (country) and zip code. Please indicate the address at which you wish to be contacted.
12. **APPLICANT'S TELEPHONE NUMBERS:** State the telephone number at which you may be reached.
13. **PERJURY LANGUAGE:** If you are submitting the request, in person, sign and date the Request. If you are mailing the request, see Line 15.
14. **DATE AND SIGNATURE LINE:** If you are mailing the request, see Line 15 before signing.
15. **NOTARIZATION:** If you are mailing the request, please sign and date this document in the presence of a Notary Public. There will be a charge for this service. You may find a Notary Public in a bank or through online resources.

 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 at least ten (10) days prior to your hearing or appointment date.

Please call the Legal Research and Adoptions Unit at 954-8145 if you have any questions about this form.