

Kids First Coordinator
Ronald T.Y. Moon Kapolei Courthouse
4675 Kapolei Parkway
Kapolei, HI 96707

Date: _____

Re: Request to be excused from attending the Kids First Program

Case number: FC-D FC-P FC-CU Case Number : _____

Case names: _____

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

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

4. Date scheduled to attend Kids First: ____/____/____ Honolulu or Kapolei

5. Is there a Restraining Order? Yes No

6. Date attended Kids First within the past 2 years:

a. FC-D FC-P FC-CU Case Number: _____

b. Case names: _____

c. Names at that time: _____

7. Check any that apply:

Deployed, located out of the State of Hawai'i

Live out of State of Hawai'i

In residential treatment facility

Child of another relationship and child never lived together with this couple as a "family unit."

Incapacitated, mental disorder, severely disabled

Explain other problems: _____

Print name: _____

Signature: _____

If different, print name of person who prepared this Request: _____

Daytime contact number: _____

Staff only:

Approved

Denied



In accordance with the Americans with Disabilities Act and other applicable state and federal laws, if you require a reasonable accommodation for a disability, please contact the ADA Coordinator at the Office of the Chief Administrator at PHONE NO.954-8200, FAX 954-8212, or TTY 539-4853 at least ten (10) working days prior to your hearing or appointment date.

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