



Hawaii

INDICATOR NAME:	Family Violence Indicator
SETTING CRITERIA:	<u>IV-D & Non IV-D</u> -- Self-report (Written) Good Cause (TANF)
ELIGIBLE PEOPLE:	<u>People Directly Protected</u> -- Victims <u>Others Protected</u> -- All household members involved in the victim's HI child support cases or orders (Automatic)
IMPACT:	Sends FV Indicator to the FCR Results in referral to State Domestic Violence Liaison Officer, who oversees future case handling to minimize risk
DURATION:	Indefinitely
REMOVAL CRITERIA:	Victim request (Written)
OVERRIDE:	Preliminary procedure in place/draft forms available

Materials

Hawaii has developed several forms related to its Family Violence (FV) Indicator. For instance, Hawaii has prepared a notice setting forth the State’s “Child Support Enforcement Confidentiality Requirements” (Form I). This document is distributed to staff for completion. It alerts them of the confidential nature of child support documents, reminds them of the penalties associated with the improper use of such information, and establishes a responsibility for workers to notify their supervisors if they become aware of a violation of these provisions by other staff.

BENJAMIN J. CAVETANO
GOVERNOR



MARGERY S. BRONSTER
ATTORNEY GENERAL

MICHAEL L. MEANEY
ADMINISTRATOR

STATE OF HAWAII
DEPARTMENT OF THE ATTORNEY GENERAL
CHILD SUPPORT ENFORCEMENT AGENCY
STATE ADMINISTRATION OFFICE ◊ 601 KAMOKILA BLVD., SUITE 251 ◊ KAPOLEI, HAWAII 96707
OAHU (808) 587-4250 ◊ Toll Free (888) 317-9081 ◊ FAX (808) 692-7134

Child Support Enforcement Confidentiality Requirements

Pursuant to Section 576D-12 of the Hawaii Revised Statutes, Section 45 Code of Federal Regulations 303.21, and 26 United States Code Annotated Section 6103, CSEA records, including, but not limited to applications, correspondence, court documents, notes, financial records, files and tax returns are confidential.

If you become aware of any violation of these requirements by you or any other employee, it is your responsibility to immediately report that information to your Supervisor.

Any person who intentionally discloses the information, other than as authorized by law, or who intentionally or knowingly aids or abets in the inspection or disclosure of the applications and records by an unauthorized person shall be guilty of a misdemeanor as provided in section 576D-12 of the Hawaii Revised Statutes.

A violator may also be subject to criminal penalties as outlined in Public Law 98-473, Chapter 21 (“Counterfeit Access Device and Computer Fraud and Abuse Act of 1984”) and Public Law 99-474 (“Computer Fraud and Abuse Act of 1986”).

Violation will result in disciplinary action by the Agency.

I HAVE READ AND UNDERSTAND THE CONFIDENTIALITY REQUIREMENTS FOR MY POSITION.

Employee’s Signature: _____ Date: _____

Employee’s Name: _____

Form I

Materials

Hawaii permits the FV Indicator to be set, based on the self-report of a participant in a IV-D case or a person involved in a non IV-D order. Form II, which follows, is the Hawaii "Application Requesting Non-Disclosure of Information and Placement of Family Violence Indicator on My Case." The at-risk person must complete this document to receive an FV Indicator.

Also included here is a copy of Form IX. This document is to be completed by a protected person who is requesting removal of his/her Hawaii FV Indicator.

State of Hawaii
Department of the Attorney General
State Domestic Violence Liaison Officer
Child Support Enforcement Agency
601 Kamokila Boulevard, Suite 207
Kapolei, Hawaii 96707

Application Requesting Non-Disclosure of Information and Placement of Family Violence Indicator on My Case

Applicant Information:

Applicant's Name: Last First Middle Initial Maiden

Applicant is: Custodian of the children Non-custodial parent of the children

Applicant's: SSN: Date of Birth:

Applicant's Mailing Address:

Applicant's Telephone Numbers:

Child Support Case Number or Docket Numbers:

I am requesting Non-Disclosure of Information on: Myself Child(ren): FULL NAME AND DATE OF BIRTH ON EACH CHILD

Other Party's Information:

Other Party's Name: Last First Middle Initial Maiden

Other Party's Social Security #

Relationship of Other Party to Applicant:

State of Hawaii
Department of the Attorney General
State Domestic Violence Liaison Officer
Child Support Enforcement Agency
 601 Kamokila Boulevard, Suite 207
 Kapolei, Hawaii 96707

Removal of Non-Disclosure of Information and Family Violence Indicator on my Case

Applicant Information

Applicant's Name: _____
Last
First
Middle Initial
Maiden

Applicant is: Custodian of the children
 Non-custodial parent of the children

Applicant's: SSN: _____ - _____ - _____ Date of Birth: _____

Applicant's Mailing Address: _____

Applicant's Telephone Numbers: _____

Child Support Case Number or Docket Numbers: _____

I am requesting removal of the Non-Disclosure of Information and Family Violence Indicator on my case for the following persons:

Myself Child(ren): _____

FULL NAME AND DATE OF BIRTH ON EACH CHILD

Applicant's Signature _____ *Date of Signature*

Subscribed and sworn to be before me this _____ day of _____

(Notary Public)
 My Commission expires: _____

Other Party's Information:

Other Party's Name: _____
Last
First
Middle Initial
Maiden

Other Party's SSN: _____ - _____ - _____

Relationship of Other Party to Applicant: _____

Materials

Forms III through VI and XII all relate to requests for information from the Hawaii Child Support Agency. Form III is the form that an individual submits when seeking information from the Agency. Form IV is the Agency's determination about whether the requester is an authorized person under Federal law and/or whether the information is being sought for a permissible purpose. Form V simply informs the requestor that the sought-after information is confidential, and thus, not able to be released. Form VI provides a more detailed outline regarding a denied request for information from the Agency; it also informs the requester of the ability to contest the Agency's decision to deny the information release. Finally, Form XII specifically alerts the requester that the Agency may not release the data because of an FV Indicator for the subject of the request.

State of Hawaii
Department of the Attorney General
State Domestic Violence Liaison Officer
Child Support Enforcement Agency
601 Kamokila Boulevard, Suite 207
Kapolei, Hawaii 96707

Request for Disclosure of Information
from the Child Support Enforcement Agency

I swear that the statements contained on this form are true.

Requestor's Name: Last First Middle Maiden

Requestor's Mailing Address:

Requestor's Telephone Numbers:

Requestor's: SSN: Date of Birth:

Child Support Case or Docket Numbers:

I am a person authorized to request information under section 42 United States Code 653(c).

- I am a custodian requesting information about the non-custodial parent of the child(ren) and:
The child(ren)'s usual place of residence is with me.
The child(ren) are not receiving welfare benefits from the state.
I am not under a court order to pay current, on-going support for the child(ren).
The child(ren) are not receiving welfare benefits from the State, and:
I am the guardian of the child(ren) as shown in the attached written documentation.
I am the agent of the child(ren) as shown in the attached written documentation.
I am the attorney of the child(ren) as shown in the attached written documentation.

I am requesting this information solely for the purpose of:

- Establishing, enforcing or modifying an order for child support.
Establishing paternity.
Establish[ing] or modify[ing] custody and[/]or visitation orders.

Child(ren)'s names(s):

I am requesting information about the following individuals:

Name:

Information Requested:

My relationship to the above-named individuals (please be specific):

Per 45 CFR 303.70 provide the following information about the subject of the request, if known:

Social Security Number:

Has the subject served in a branch of the armed forces?: Branch:

Is the subject receiving federal benefits?:

Signature of Requestor

Date of Signature

State of Hawaii
Department of the Attorney General
State Domestic Violence Liaison Officer
Child Support Enforcement Agency
 601 Kamokila Boulevard, Suite 207
 Kapolei, Hawaii 96707

CSEA Determination of Authorized Person

The Child Support Enforcement Agency has reviewed the Request for Disclosure of Information made by _____ on _____.
 Pursuant to 42 United States Code 653(c), CSEA finds that based upon the sworn statement of the above named person, he or she:

- Is not an authorized person within the definition of the law because:
 - The requester is not the physical custodian of the child(ren).
 - The requestor is not the legal guardian of child(ren).
 - The requester is not an attorney representing the child(ren).
 - The agent of the child(ren) [is] as shown in the attached written documentation.
 - The child(ren) is/are receiving welfare benefits from the State of Hawaii.

AND/OR

- Is not requesting this information for the sole purpose of establishing paternity or establishing, enforcing or modifying an order for child support, custody or visitation or investigating, enforcing or prosecuting with respect to the unlawful taking or restraint of a child.
- Is an authorized person within the definition of the law because the person is:
 - A custodian requesting information about the parent of the child(ren).
 - The legal guardian of the child(ren) as shown in the attached written documentation.
 - The agent of the child(ren) as shown in the attached written documentation.
 - The attorney of the child(ren) as shown in the attached written documentation.

The child(ren) are not receiving public assistance (TANF/AFDC) from the State of Hawaii, and the authorized person is requesting the information for the sole purpose of establishing paternity or establishing, enforcing or modifying an order for child support, custody or visitation or investigating, enforcing or prosecuting with respect to the unlawful taking or restraint of [a] child.

Determination made by:

 Child Support Enforcement Agency
 State Family Violence Liaison Officer
 Form IV

 Date

State of Hawaii
Department of the Attorney General
Child Support Enforcement Agency
601 Kamokila Boulevard, Suite 207
Kapolei, Hawaii 96707

NOTICE OF CONFIDENTIALITY

Date: _____

You requested the Agency [to] provide you with information regarding _____.
However, Section 576D-12 of the Hawaii Revised Statutes, prohibits the Child Support Enforcement Agency from disclosing records of applicants or recipients of Agency services.

Child Support Enforcement Agency Representative

State of Hawaii
Department of the Attorney General
State Domestic Violence Liaison Officer
Child Support Enforcement Agency
 601 Kamokila Boulevard, Suite 207
 Kapolei, Hawaii 96707

Denial of Request for Disclosure of Information
 From the Child Support Enforcement Agency

Date: _____

You requested information about _____

The information you requested cannot be released to you because:

- The information you requested is not available to the Child Support Enforcement Agency.
- There is a family violence disclosure risk indicator* on your case and the Child Support Enforcement Agency cannot disclose information pursuant to section 576-12(c) of the Hawaii Revised Statutes.

 State Family Violence Officer

If the CSEA denies the request for disclosure of information because there is a Family Violence Indicator on the case and if you disagree with this decision about your request for information, you may petition the Family Court pursuant to section 576D-12(d) of the Hawaii Revised Statutes.**

* A family violence indicator placed on an individual means that the individual has requested that information related to the individual's location and identity be not disclosed by the Child Support Enforcement Agency because of risk of physical and/or emotional harm to the individual and/or child(ren) involved.

** If you disagree with the denial of your request for information, you may consult an attorney or go to the Family Court in the jurisdiction where you live or where your child support order is filed.

Family Court, First Circuit
 City and County of Honolulu
 Kaahumanu Hale, 2nd Floor
 777 Punchbowl Street
 Honolulu, Hawaii 96813

Family Court, Second Circuit
 Maui County
 2145 Main Street
 Wailuku, Hawaii 96793

Family Court, Third Circuit -- Hilo
 Hawaii County
 75 Aupuni Street
 Hilo, Hawaii 96720

Family Court, Third Circuit -- Kona
 Hawaii County
 77-6399 Nalani Street
 Kailua-Kona, Hawaii 96740

Family Court, Fifth Circuit
 Kauai County
 3059 Umi Street
 Lihue, Kauai 96766

Form VI

BENJAMIN J. CAVETANO
GOVERNOR



MARGERY S. BRONSTER
ATTORNEY GENERAL

MICHAEL L. MEANEY
ADMINISTRATOR

STATE OF HAWAII
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NOTICE OF FAMILY VIOLENCE INDICATOR

This office is in receipt of your request for information regarding _____
_____. Unfortunately, there is a family violence indicator on this person. Therefore,
we are unable to disclose to you any information related to this person.

Very truly yours,

Child Support Enforcement Agency
State Family Violence Liaison Officer

The following documents relate to Hawaii's State-specific components of the FV Indicator override process.

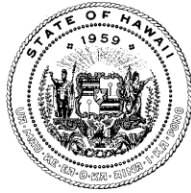
Form VII is a letter that the Agency will submit to OCSE in requesting the override. (Note: It is not clear whether the Agency will prepare an additional letter or add some other attachment to provide the full range of information set forth in OCSE-DCL-98-122.)

The Hawaii Family Violence Liaison Officer will use Form VIII to communicate with the court following the override. This letter will be attached either to the federal information packet or to other communication submitted by OCSE.

Forms X and XI are versions of affidavit forms to be used by the State's Family Violence Liaison Officer. While Form X is simply a template, Hawaii will use Form XI to inform the court of the date on which the Agency received the order to begin the override process, and it also provides the court with information about the date on which the override request was forwarded to OCSE.

BENJAMIN J. CAVETANO
GOVERNOR

MARGERY S. BRONSTER
ATTORNEY GENERAL



MICHAEL L. MEANEY
ADMINISTRATOR

STATE OF HAWAII
DEPARTMENT OF THE ATTORNEY GENERAL
CHILD SUPPORT ENFORCEMENT AGENCY
STATE ADMINISTRATION OFFICE v 601 KAMOKILA BLVD., SUITE 251 v KAPOLEI, HAWAII 96707
OAHU (808) 587-4250 v Toll Free (888) 317-9081 v FAX (808) 692-7134

**FCR FAMILY VIOLENCE INDICATOR
OVERRIDE PROCESS**

Office of Child Support Enforcement
Attn: OCSE Designated Representative
Federal Parent Locator Service
370 L'Enfant Promenade, 4th Floor
Washington, D.C. 20447

Dear

This office has submitted a locate request to the Federal Parent Locator Service (FPLS) for the subject(s) listed below. Access to the requested information was prohibited because of a disclosure prohibited (DP) code.

Attached is a court order or request from _____ requiring this office to commence the FV indicator override process. Accordingly, accept this letter as a formal request for override.

To assist OCSE in processing this override request, this office provides the following documents:

- FORM III -- Request for Disclosure of Information from the CSEA
- FORM IV -- CSEA Determination of Authorized Person
- FORM VI -- Denial of Request for Disclosure of Information from the CSEA[.]

Very truly yours,

Child Support Enforcement Agency
State Family Violence Liaison Officer

Form VII

BENJAMIN J. CAVETANO
GOVERNOR



MARGERY S. BRONSTER
ATTORNEY GENERAL

MICHAEL L. MEANEY
ADMINISTRATOR

STATE OF HAWAII
DEPARTMENT OF THE ATTORNEY GENERAL
CHILD SUPPORT ENFORCEMENT AGENCY
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OAHU (808) 587-4250 v Toll Free (888) 317-9081 v FAX (808) 692-7134

LETTER OF TRANSMITTAL

TO:

DATE:

RE: FEDERAL OCSE DOCUMENTS

DOCKET #: _____

CASE NAME: _____

Pursuant to your order, please find enclosed the following documents:

- Sealed packet containing confidential information for a Family Violence Indicator case.
- Correspondence from Federal Office of Child Support Enforcement.

By: _____
Child Support Enforcement
Family Violence Liaison Officer

Received By:

Name

Title

Date

Form VIII

cc:

JULIE R. DULDULAO
FAMILY VIOLENCE LIAISON OFFICER
Hawaii Child Support Enforcement Agency
Kakuhuhewa State Office Building
601 Kamokila Boulevard, Suite 251
Kapolei, Hawai'i 96707
Telephone No. (808) 692-7147

IN THE FAMILY COURT OF THE FIRST CIRCUIT

STATE OF HAWAII

In the Matter of the Release of)	
Confidential Information to)	
)	
_____)	
)	
Petitioner)	
_____)	
)	

AFFIDAVIT OF JULIE R. DULDULAO,
FAMILY VIOLENCE LIAISON
OFFICER CHILD SUPPORT
ENFORCEMENT AGENCY; EXHIBIT
“A”

AFFIDAVIT OF JULIE R. DULDULAO

Form X

**Affidavit of Julie R. Duldulao, Family Violence Liaison Officer
for the Child Support Enforcement Agency
Kakuhihewa State Office Building
601 Kamokila Boulevard, Suite 251
Kapolei, Hawai'i 96706**

Under penalty of perjury your Affiant deposes and says:

1. I am the designated Family Violence Liaison Officer for the Child Support Enforcement Agency, Department of the Attorney General, State of Hawaii;
2. On _____, I received from the Family Court _____ as Ex Parte Order Granting Ex Parte Petition to initiate Procedures to Override a Family Violence Indicator and to Release Confidential Information to Petitioner;
3. Pursuant to the above-referenced order, I caused this order to be transmitted along with the Federal Case Registry Family Violence Indicator Override Process cover letter (See Exhibit "A" attached hereto) by express mail return receipt requested, to the federal Office of Child Support Enforcement, Federal Parent Locator Service on _____.

Further affiant sayeth naught.

Julie R. Duldulao
Family Violence Liaison Officer
Child Support Enforcement

Subscribed and sworn to before me this _____ day
of _____

(Notary Public)

My Commission expires: _____

