

<p>STATE OF HAWAI'I FAMILY COURT OF THE FIRST CIRCUIT</p>		
<p>This document is prepared by <input type="checkbox"/> Self-Represented <input type="checkbox"/> Petitioner/Plaintiff <input type="checkbox"/> Respondent/Defendant <input type="checkbox"/> Attorney for <input type="checkbox"/> Petitioner/Plaintiff <input type="checkbox"/> Respondent/Defendant</p> <p>_____</p> <p>Name (and if applicable, Attorney No.)</p> <p>_____</p> <p>Address</p> <p>_____</p> <p>City, State, Zip Code</p> <p>_____</p> <p>Telephone Number</p> <p>_____</p> <p>E-Mail Address</p>		
<p>CASE NAME</p>	<p>CASE ID/NUMBER</p>	
<p>TITLE OF DOCUMENT</p>		

STATE OF HAWAI'I FAMILY COURT FIRST CIRCUIT	ASSET AND DEBT STATEMENT	CASE NUMBER
	<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> Both Parties	FC-D No.

<p style="text-align: center;">_____ (Full Name) PLAINTIFF</p> <p style="text-align: center;">v.</p> <p style="text-align: center;">_____ (Full Name) DEFENDANT</p>	<p>This document is prepared by:</p> <p><input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> Atty for Plaintiff <input type="checkbox"/> Atty for Defendant</p> <hr/> <p>Name</p> <hr/> <p>Address</p> <hr/> <p>City, State, Zip Code</p> <hr/> <p>Telephone Number</p>
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1. **CASH** (on hand or held by others for me): None \$ _____.

2. **CREDIT UNION ACCOUNTS:** None

<u>Name</u>	<u>Title (Plaintiff, Defendant, Joint, Other)</u>	<u>Credit Balance</u>	<u>Debt Balance</u>

3. **BANK AND SAVINGS ACCOUNTS:** None (Include Trustee Accounts)

<u>Company & Branch</u>	<u>Type of Account</u>	<u>Title (Plaintiff, Defendant, Joint, Other)</u>	<u>Current Balance</u>



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) working days prior to your hearing or appointment date.

Please call the Family Court Service Center at 954-8290 if you have any questions about forms or procedures.

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ASSET AND DEBT STATEMENT

CASE NUMBER

Plaintiff Defendant Both Parties

FC-D No.

4. SECURITIES:

None (Stocks, Bonds, Mutual Funds, Certificates of Deposit, etc.)

Company Title (Pltf, Dft, Jt, Other) Date of Acquisition Cost Market Value Debt Owed

5. VEHICLES:

None (Autos, Trucks, Motorcycles, Trailers, Campers, Boats, etc.)

Year Make Title (Pltf, Dft, Jt, Other) Current Market Value Debt Owed Against

6. REAL PROPERTY: None

Address Title Fee or Lease Date of Acquisition Cost Current Gross Value Total Debt Owed

7. LIFE INSURANCE: None

Company Person Insured Face Amount Beneficiary Title (Pltf, Dft, Jt, Other.) Cash Value Debt Owed Against

ASSET AND DEBT STATEMENT

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8. RETIREMENT; PENSION; PROFIT SHARING ACCOUNTS: None

Employer or Company Title (Plaintiff, Defendant, Joint, Other) Type of Plan Years in Plan Total Value

9. ALL OTHER MAJOR ASSETS: None (Furniture, Household Effects, Art, Stamps, Coins, Equipment, Tools, Jewelry, Investment Assets, Accounts Receivable, Business Assets, Cemetery Plots or Niches, Tax Refund Due, etc.)

General Description Title (Plf, Deft, Jt, Other) Estimated Gross Debt Owed Against

10. PROPERTY HELD IN TRUST FOR OR BY THIRD PERSON(S): None

(Aside from Bank & Savings Accounts Noted in paragraph 3.)

Description Trustee(s) Beneficiaries Value Debt Owed Against
