

<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	INCOME AND EXPENSE STATEMENT <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant	CASE NUMBER FC-D No.
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_____ (Full Name) PLAINTIFF, V. _____ (Full Name) DEFENDANT.	This document is prepared by: <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> Atty for Plaintiff <input type="checkbox"/> Atty for Defendant _____ Name _____ Address _____ City, State, Zip Code _____ Telephone No.
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Employer: _____
Occupation (Job Title): _____
Address: _____
Length of Service: _____ months/years. Income Tax Withholding based on: _____ dependents.

INCOME

Gross income paid: monthly, 2 times per month, every 2 weeks, weekly, or other: _____
Gross per pay period..... \$ _____ Per month.... \$ _____
Payroll deductions per pay period:
 Fed. income tax..... \$ _____
 State income tax..... \$ _____
 FICA (Social Security)..... \$ _____
 Union dues..... \$ _____
a) Net per pay period..... \$ _____ Per month.... \$ _____
Other:
 Retirement/401 K..... \$ _____
 Credit Union..... \$ _____
 Direct Deposit..... \$ _____
 Income Assignments..... \$ _____
 Support Payments..... \$ _____
 Medical Insurance..... \$ _____
b) Take home per pay period..... \$ _____ Per month.... \$ _____
Other regular monthly income (rental income, 2nd job, interest, child support, welfare, food stamps, and any other source).
 Gross monthly receipt..... \$ _____
 Taxes paid IRS and State on above... \$ _____
c) Total other income net..... \$ _____ Per month.... \$ _____
Total Monthly Income (Add per month from lines a and c above)... \$ _____

COURT USE ONLY

EXPENSES

Do not list expenses which are paid by payroll deduction.

Housing expenses per month:

Rent, mortgage, agreement of sale..... \$ _____

Insurance if not included above..... \$ _____

Real property taxes (if paid separately)..... \$ _____

Utilities, gas, water, electricity, phone, etc... \$ _____

Transportation expenses per month:

Car payment, lease, rental..... \$ _____

Insurance on vehicle..... \$ _____

Maintenance (repairs)..... \$ _____

Operating (gas, oil & tires)..... \$ _____

Total Housing and Transportation \$ _____

Debt service (all monthly payments, e.g. credit cards, charges, finance company, personal loans).... \$ _____

Personal Expenses per month:

Self

Children No. (____)

Food..... \$ _____

\$ _____

Clothing..... \$ _____

\$ _____

Medical and Dental..... \$ _____

\$ _____

Laundry & Cleaning..... \$ _____

\$ _____

Personal articles..... \$ _____

\$ _____

Recreation (movies, etc.)..... \$ _____

\$ _____

School (include food)..... \$ _____

\$ _____

Household..... \$ _____

\$ _____

Bus (on monthly basis)..... \$ _____

\$ _____

Other (_____)..... \$ _____

\$ _____

Payment to others for dependent care..... \$ _____

\$ _____

Sub-Total..... \$ _____

\$ _____

Total Personal Expenses..... \$ _____

Grand Total Expenses: Housing, Transportation, Debt & Personal..... \$ _____


Savings, <Deficiency>: Income minus Expenses..... \$ _____

Explain in detail where savings are invested, or if there is a <deficiency>, who provides the funds to maintain the level of spending indicated in this income and expense statement. (Use separate sheet if more space is needed.)

CERTIFICATION

I hereby declare under the penalty of perjury that I have supplied and reviewed the information used in this Income and Expense Statement and I certify that the information is accurate, complete, and correct.

DATE	<input type="checkbox"/> PLANTIFF'S <input type="checkbox"/> DEFENDANT'S SIGNATURE
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 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 954-8303, 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.