

<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>		

FAMILY COURT FIRST JUDICIAL CIRCUIT STATE OF HAWAI'I	FINANCIAL INFORMATION SHEET	CASE NUMBER: FC-_____ NO. _____
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<input type="checkbox"/> CHILD SUPPORT ENFORCEMENT AGENCY, STATE OF HAWAI'I, _____ <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <div style="text-align: center;">PETITIONER,</div> vs. <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> CARETAKER <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> CARETAKER <input type="checkbox"/> and CHILD SUPPORT ENFORCEMENT AGENCY, STATE OF HAWAI'I, <div style="text-align: center;">DEFENDANT(S).</div>	This document was prepared by: <input type="checkbox"/> Petitioner <input type="checkbox"/> Defendant, _____ <input type="checkbox"/> Attorney for <input type="checkbox"/> Petitioner <input type="checkbox"/> Defendant _____ Name _____ Address _____ City State Zip Code _____ Telephone Number
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INCOME: YOU MUST LIST ALL INCOME AMOUNTS AND SOURCES
 (Note: The Court may require you to file more detailed financial information.)

1. NAME OF PRIMARY EMPLOYER: _____ Paid: <input type="checkbox"/> monthly <input type="checkbox"/> 2 times per month <input type="checkbox"/> every 2 weeks <input type="checkbox"/> weekly <input type="checkbox"/> other _____	GROSS MONTHLY INCOME \$ _____
2. <u>OTHER INCOME:</u> NAME OF SECOND EMPLOYER _____ INTEREST INCOME, name of financial institution(s) _____ _____ NET RENTAL INCOME, location _____ OTHER (i.e. social security, workers comp, etc.) _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____
TOTAL	\$ _____
3. MONEY RECEIVED FROM WELFARE BENEFITS:	\$ _____

EXPENSES

1. Child care expenses paid by you, on behalf of child(ren) involved in case	\$ _____
2. Medical and Dental Insurance paid for yourself \$ _____	\$ _____
3. Medical and Dental Insurance paid by you for your child(ren) involved in this case.	\$ _____
TOTAL	\$ _____

ASSETS (List the total amounts of the following):

1. Credit Union/Bank/Savings Account Balances	\$ _____	
2. Securities Values, Stocks, Bonds, etc.	\$ _____	
3. Real Property Values	\$ _____	
4. Personal Property (car, jewelry, etc.)	\$ _____	

CERTIFICATION: I declare under the penalty of law that the foregoing is true and correct.

Date	Signature of <input type="checkbox"/> Petitioner/Movant <input type="checkbox"/> Defendant/Movant	FOR COURT USE ONLY
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