

**STATE OF HAWAII
FAMILY COURT OF THE THIRD CIRCUIT
INSTRUCTIONS RE: DIVORCE FORMS
(Without Children)**

Attached you will find subject forms for your completion. Please review the following instructions:

1. The filing fee without children is \$215 payable at the time of filing. You may also apply for a waiver of the filing fees by completing the attached *Declaration in Support of Request to Proceed In Forma Pauperis* (H.R.S. Section 607-3). Please complete the *Asset & Debt* and *Income & Expense* forms for submission with the Waiver.

NOTE: Should you qualify for legal services, you may contact the following agencies for a waiver of filing fee and assistance in completing the forms.

Legal Aid:

Hilo: Phone Number - 808-961-2851
Kona: Phone Number – 808-329-3910

Volunteer Legal Services Hawai'i:

Hilo: Phone Number – 808-528-7046
Kona: Phone Number – 1-800-839-5200

Consumer Lawyers Referral Service:

Kona: Phone Number – 1-888-518-9898

Should you decide to file on your own, you may research the Divorce Manual and the Uncontested Divorce Information and Sample Forms Folder in the Law Library at the following locations:

**Hale Kaulike
777 Kilauea Avenue
Hilo, Hawai'i**

**Keahuolu Courthouse
74-5451 Kamakaeha Avenue
Kailua-Kona, Hawai'i**

2. Forms should be completed in black ink or typewritten.
3. To initiate case, complete the
 - a. *Complaint for Divorce; Automatic Restraining Order; and Summons to Answer Complaint;* and
 - b. *Matrimonial Action Information Sheet.* If there is any unknown information, indicate "unknown."

4. The parties names, as they appear on the Complaint, should be the same throughout the whole case unless ordered by the court to be changed.
5. When ready to file, submit your original documents to the court.
6. Please be sure to complete your contact information (telephone number / email address) on your Complaint so that the court may contact you when your documents are ready for pick up.



If you need an accommodation for a disability when participating in a court program, service, or activity, please contact the ADA Coordinator as far in advance as possible to allow time to provide an accommodation. Call the ADA Coordinator at (808) 961-7629, Fax (808) 961-7577, or send an e-mail to adarequest@courts.hawaii.gov. The ADA Coordinator will try to provide, but cannot guarantee, the requested auxiliary aid, service, or accommodation.

STATE OF HAWAI'I
FAMILY COURT
THIRD CIRCUIT

DECLARATION IN SUPPORT
OF REQUEST TO PROCEED
IN FORMA PAUPERIS

CASE NUMBER

FC-D NO.

VS.

PLAINTIFF,

DEFENDANT,

DECLARATION IN SUPPORT OF REQUEST
TO PROCEED IN FORMA PAUPERIS

I, _____, am the
Plaintiff in the above-entitled case. In support of my motion to proceed without being required to prepay
fees or costs or give security therefor, (knowing fully that this does not cover the request or cost for
transcripts, service fees, etc.), I state that because of my poverty, I am unable to pay the costs of said
proceedings or give security therefor; that I believe I am entitled to redress.

I declare that the responses which I have made below are true.

1. Are you presently employed?

Yes No

a. If the answer is yes, state the amount of your monthly salary/wages and give the
name and address of your employer.

b. If the answer is no, state the date of last employment and the amount of the
monthly salary/wages which you received.

2. Have you received within the past twelve months any money from any of the following sources:
- a. Business, profession or form of self-employment?
 Yes No
 - b. Rent payments, interest or dividends?
 Yes No
 - c. Pensions, annuities or life insurance payments?
 Yes No
 - d. Gifts or inheritances?
 Yes No
 - e. Any other sources?
 Yes No

In the answer to any of the above is yes, describe each source of money and state the amount received from each during the past twelve months.

3. Do you have any cash or do you have money in a checking or savings account?
 Yes No
If the answer is yes, state the total value owned:

4. Do you own any real estate, stocks, bonds, notes, automobiles or other valuable property (excluding ordinary household furnishing and clothing)?
 Yes No
If the answer is yes, describe the property and state its approximate value.

STATE OF HAWAII
FAMILY COURT
THIRD CIRCUIT

DECLARATION IN SUPPORT
OF REQUEST TO PROCEED
IN FORMA PAUPERIS

CASE NUMBER

FC-D NO.

5. List the persons who are dependent upon you for support; state your relationship to those persons; and indicate how much you contribute toward their support.

I UNDERSTAND THAT A FALSE STATEMENT OR ANSWER TO ANY QUESTIONS IN THIS DECLARATION WILL SUBJECT ME TO PENALTIES FOR PERJURY.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Signed this _____ day of _____, 20 _____

Plaintiff's Signature

APPROVED/DENIED AND SO ORDERED:

Judge of the above-entitled Court

STATE OF HAWAI'I FAMILY COURT THIRD CIRCUIT	CASE ID/NUMBER
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**COMPLAINT FOR DIVORCE;
AUTOMATIC RESTRAINING ORDER;
AND SUMMONS TO ANSWER
COMPLAINT**

(Full Name) PLAINTIFF,
v.

(Full Name) DEFENDANT.

COURT USE ONLY

This document is prepared by:
 Self-Represented Plaintiff
 Attorney for Plaintiff

Name (and if applicable, Attorney No.)

Address

City, State, Zip Code

Telephone Number

E-Mail Address

I, the Plaintiff, in support of this Complaint for Divorce allege the following:

- 1. Jurisdiction** (Please check all that apply)
- a. I am domiciled on Hawai'i Island, State of Hawaii, at the time of the filing this Complaint. (HRS § 580-1(a)/Act 69 of the 2021 Legislative Session.)
 - b. I am residing on a military or federal base, installation, or reservation within the State of Hawaii or am in the State of Hawaii under military orders. HRS §580-1(a).

c. The marriage was solemnized under Hawaii's Revised Statutes and Chapter 572 and both parties are domiciled in a jurisdiction that does not recognize the marriage.

2. a. **Marriage:** The parties (Plaintiff and Defendant) are lawfully married to each other.

Date of marriage: _____.

3. Child(ren):

a. The parties have no children together.

b. The parties have ____ (how many) child(ren) under age 18 together.

c. The parties have ____ (how many) child(ren) age 18 or older together, who are dependent on them for support.

d. The parties have ____ (how many) child(ren) age 18 or older together, who are not dependent on them for support.

e. Plaintiff has ____ (how many) child(ren) born during the marriage or civil union for whom Defendant is not the biological parent.

f. Defendant has ____ (how many) child(ren) born during the marriage or civil union for whom Plaintiff is not the biological parent.

g. Plaintiff is pregnant and Defendant is not the biological parent.

h. Defendant is pregnant and Plaintiff is not the biological parent.

4. Custody and Visitation:

a. Legal custody of the minor child(ren) should be awarded to:

Me, Plaintiff. My spouse/partner, Defendant. Both parties jointly.

b. Physical custody of the minor child(ren) should be awarded to:

Me, Plaintiff. My spouse/partner, Defendant. Both parties jointly.

STATE OF HAWAII FAMILY COURT THIRD CIRCUIT	COMPLAINT FOR DIVORCE	CASE ID/NUMBER _____
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c. The parent not awarded physical custody should have:
 Reasonable visitation Supervised visitation _____

d. Child support should be awarded in accordance to the Child Support Guidelines.

5. **Division of Assets:** All assets of the Defendant and I own should be divided in a just and equitable way.

6. **Division of Debts:** All debts the Defendant and I owe should be divided in a just and equitable way.

7. **Spousal Support (Alimony):**

a. I am entitled to an order that the Defendant pay spousal support (alimony) to me.

b. Defendant is is not entitled to an order that I pay spousal support (alimony) to him/her.

8. **Grounds:** Pursuant to HRS section 580-1, I allege that the ground(s) for divorce is/are as follows:

a. The marriage is irretrievably broken.

b. The parties have lived separate and apart under a decree of separation from bed and board, entered by a court of competent jurisdiction, the term of separation has expired and no reconciliation has been effected.

c. The parties have lived separate and apart for a period of two years or more under a decree of separate maintenance entered by a court of competent jurisdiction and no reconciliation has been effected.

d. The parties have lived separate and apart for a continuous period of two years or more immediately preceding the application, there is no likelihood that cohabitation will be resumed, and in the particular circumstances of the case, it would not be harsh and oppressive to the Defendant or contrary to public interest to grant a divorce on this ground of the Complaint of the Plaintiff.

STATE OF HAWAII FAMILY COURT THIRD CIRCUIT	COMPLAINT FOR DIVORCE	CASE ID/NUMBER _____
<p>It is requested of the Court that a decree be entered granting a divorce from the bonds of matrimony and granting the relief requested above, all as alleged and as may be appropriate and in accordance with the evidence and the law, and other relief as the Court deems proper in this case.</p> <p>I declare under penalty of perjury that the statements made herein are true and correct to the best of my knowledge, information, and belief.</p>		
DATE	PLAINTIFF'S SIGNATURE	



If you need an accommodation for a disability when participating in a court program, service, or activity, please contact the ADA Coordinator as far in advance as possible to allow time to provide an accommodation: Call the ADA Coordinator at (808)961-7629, Fax (808)961-7577, or send an e-mail to adarequest@courts.hawaii.gov. The ADA Coordinator will try to provide, but cannot guarantee, the requested auxiliary aid, service, or accommodation.

STATE OF HAWAII FAMILY COURT THIRD CIRCUIT	CASE ID/NUMBER
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AUTOMATIC RESTRAINING ORDER

(Full Name)	v.	PLAINTIFF.
(Full Name)		DEFENDANT.

COURT USE ONLY
This document is prepared by: <input type="checkbox"/> Self-Represented Plaintiff <input type="checkbox"/> Attorney for Plaintiff
Name (and if applicable, Attorney No.) _____
Address _____
City, State, Zip Code _____
Telephone Number _____
E-Mail Address _____

AUTOMATIC RESTRAINING ORDER

Pursuant to sections 580-10.5 and 571-53 of the Hawai'i Revised Statutes (HRS), IT IS HEREBY ORDERED that:

- (1) Each party to a Complaint for annulment, divorce, or separation, shall automatically be subject to a restraining order that **shall be effective on the Plaintiff upon the filing of the Complaint and Summons or any other acceptance of service by the Defendant;**
- (2) Neither party shall sell, transfer, encumber, conceal, assign, remove, or in any way

dispose of any property, real or personal, belonging to or acquired by either party, except as:

- (a) Required for reasonable living expenses;
 - (b) Occurring in the ordinary and usual course of business;
 - (c) Required or payment of reasonable attorney's fees and costs in connect with the action;
 - (d) Occurring pursuant to a written agreement of both parties; or
 - (e) Required by order of the court;
- (3) Neither party shall incur any further debts that would burden the credit of the other party, including, but not limited to further borrowing against any credit line secured by the marital residence or unreasonably using credit cards or cash advances against credit or bank cards provided that this paragraph shall not apply to reasonable amount of debt necessary for living and business expenses, including child educational expenses and reasonable litigation fees and costs for the pending action;
- (4) Neither party shall directly or indirectly change the beneficiary of any life insurance policy, pension, or retirement plan, or pension or retirement investment account, except with the written consent of the other party or by order of the court;
- (5) Neither party shall directly or indirectly cause the other party or a minor child to be removed from coverage under an existing insurance policy, including medical, dental, life, automobile, and disability insurance. The parties shall maintain all insurance coverage in full force and effect; and
- (6) Neither party shall remove a minor child of the parties from the island of that child's current residence nor remove a minor child of the parties from the school that child is currently attending.

STATE OF HAWAII FAMILY COURT THIRD CIRCUIT	AUTOMATIC RESTRAINING ORDER	CASE ID/NUMBER
<p>(7) This Automatic Restraining Order shall remain in effect during the pendency of the action, unless it is modified by agreement of the parties, or by further order of the court.</p> <p>(8) The language of the Automatic Restraining Order shall be consistent with HRS section 580-10.5; if not, the <i>Complaint for Divorce, Automatic Restraining Order; and Summons to Answer Complaint</i> shall be reviewed, corrected, or replaced and signed by the Court before being resubmitted for filing by the Clerk of the Court. An Automatic Restraining Order that is inconsistent with HRS section 580-10.5 may result in sanctions.</p>		
DATE <input type="checkbox"/> Hilo, <input type="checkbox"/> Kona, Hawaii	SIGNATURE OF THE CLERK OF THE COURT PRINT CLERK'S NAME:	



If you need an accommodation for a disability when participating in a court program, service, or activity, please contact the ADA Coordinator as far in advance as possible to allow time to provide an accommodation: Call the ADA Coordinator at (808)961-7629, Fax (808)961-7577, or send an e-mail to adarequest@courts.hawaii.gov. The ADA Coordinator will try to provide, but cannot guarantee, the requested auxiliary aid, service, or accommodation.

STATE OF HAWAII FAMILY COURT THIRD CIRCUIT	CASE ID/NUMBER
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**SUMMONS
TO ANSWER COMPLAINT**

(Full Name)	PLAINTIFF.
v.	
(Full Name)	DEFENDANT.

COURT USE ONLY

This document is prepared by:
 Self-Represented Plaintiff
 Attorney for Plaintiff

Name (and if applicable, Attorney No.)

Address

City, State, Zip Code

Telephone Number

E-Mail Address

TO THE DEFENDANT:

You are hereby summoned and required to file and serve upon the Plaintiff's attorney, or upon the Plaintiff if the Plaintiff is not represented by an attorney, a written answer to the attached Complaint for Divorce within 20 days after service of this Summons upon you, exclusive of the date of service.

Your written Answer must be filed with the Chief Clerk of this Circuit at the following location or address:

Hilo Division, Hale Kaulike, 777 Kilauea Avenue, Hilo, Hawaii	or	Kona Division, Keahuolu Courthouse, 74-5451 Kamakaeha Avenue, Kailua-Kona, Hawaii 96740
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STATE OF HAWAII FAMILY COURT THIRD CIRCUIT	SUMMONS TO ANSWER COMPLAINT	CASE ID/NUMBER
<p>A copy of your Answer should be served upon the Plaintiff's attorney, or if the Plaintiff is not represented by an attorney, upon the Plaintiff at the address shown on the <i>Complaint for Divorce</i>. If you fail to file your written <i>Answer</i> within the 20-day time limit, further action may be taken in this case, including judgment for the relief demanded in the <i>Complaint for Divorce</i>, without further notice to you.</p> <p>THIS SUMMONS SHALL NOT BE PERSONALLY DELIVERED BETWEEN 10:00 P.M. AND 6:00 A.M. ON PREMISES NOT OPEN TO THE PUBLIC UNLESS A JUDGE OF THE DISTRICT OR CIRCUIT COURT PERMITS IN WRITING ON THE SUMMONS, PERSONAL DELIVERY DURING THOSE HOURS.</p> <p>FAILURE TO OBEY THE SUMMONS MAY RESULT IN AN ENTRY OF DEFAULT AND DEFAULT JUDGMENT AGAINST THE PERSON SUMMONED.</p>		
DATE <input type="checkbox"/> Hilo, <input type="checkbox"/> Kona, Hawaii	CLERK OF THE COURT PRINT CLERK'S NAME:	



If you need an accommodation for a disability when participating in a court program, service, or activity, please contact the ADA Coordinator as far in advance as possible to allow time to provide an accommodation: Call the ADA Coordinator at (808)961-7629, Fax (808)961-7577, or send an e-mail to adarequest@courts.hawaii.gov. The ADA Coordinator will try to provide, but cannot guarantee, the requested auxiliary aid, service, or accommodation.

STATE OF HAWAII FAMILY COURT THIRD CIRCUIT	MATRIMONIAL ACTION INFORMATION	CASE NUMBER FC-D NO.
PLAINTIFF DEFENDANT	PREPARED: <input type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT <input type="checkbox"/> ATTORNEY FOR PLAINTIFF <input type="checkbox"/> ATTORNEY FOR DEFENDANT	DATE FILED
NATURE OF CASE <input type="checkbox"/> DIVORCE <input type="checkbox"/> SEPARATION <input type="checkbox"/> ANNULMENT <input type="checkbox"/> OTHER		
ITEM.	WIFE	HUSBAND
FULL NAME		
BIRTH OR MAIDEN NAME		
ADDRESS STREET, APT. NO.		
TOWN, STATE, ZIP COUNTY		
PHONE	HOME WORK	HOME WORK
SOCIAL SECURITY NUMBER		
DATE OF BIRTH		
PLACE OF BIRTH (State or Country)		
RACE		
HIGHEST GRADE COMPLETED		
HAWAII RESIDENT SINCE		
CIRCUIT RESIDENT SINCE		
PRIMARY EMPLOYER (Name and Address)		
JOB TITLE		
WORK SCHEDULE		
LENGTH OF SERVICE		
GROSS MONTHLY INCOME (All Sources)	Primary Secondary Welfare	Primary Secondary Welfare
DATE OF THIS MARRIAGE	DATE	COUNTY / STATE
DATE OF SEPARATION <input type="checkbox"/> NOT SEPARATED	DATE	COUNTY / STATE

MATRIMONIAL ACTION INFORMATION (Continued)						CASE NUMBER
						FC-D NO.
	FROM MONTH/YEAR	TO MONTH/YEAR	TERMINATED BY			STATE
			DIVORCE	ANNULMENT	DEATH	
WIFE'S PRIOR MARRIAGES						
HUSBAND'S PRIOR MARRIAGES						
CHILDREN: ALL CHILDREN OF EITHER PARTY FROM YOUNGEST TO OLDEST						
CHILD'S FULL NAME	M/F	BIRTHDATE	LEGAL PARENT (HUSBAND, WIFE OR OTHER)	PRESENT CUSTODY	SCHOOL AND GRADE	
INFORMATION REQUIRED FOR CUSTODY						
CHILDREN'S PRESENT ADDRESS:						
PLACES WHERE AND PERSONS WITH WHOM THE CHILDREN HAVE LIVED WITHIN THE LAST FIVE YEARS AND DATES						
ADDRESS	CARETAKERS			FROM MONTH/YEAR	TO MONTH/YEAR	
WIFE <input type="checkbox"/> IS <input type="checkbox"/> IS NOT PREGNANT. EXPECTED DELIVERY DATE:						
THE UNDERSIGNED SOLEMNLY AND SINCERELY DECLARES, UNDER PENALTY OF PERJURY, THAT THE STATEMENTS MADE HEREIN ARE TRUE AND CORRECT TO THE BEST OF HIS/HER KNOWLEDGE, INFORMATION AND BELIEF.						
DATE	SIGNATURE					

STATE OF HAWAI'I FAMILY COURT THIRD CIRCUIT	MOTION FOR SERVICE BY MAIL AND DECLARATION; ORDER FOR SERVICE BY MAIL	CASE NUMBER FC-D No. _____
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_____ (Full Name) PLAINTIFF v. _____ (Full Name) DEFENDANT	This document is prepared by: <input type="checkbox"/> Attorney for <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant Name _____ Address _____ City, State, Zip Code _____ Telephone Number _____
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MOTION FOR SERVICE BY MAIL AND DECLARATION

The undersigned party to this action moves for an authorizing service by registered or certified mail. In support of this motion the undersigned states that to his/her best information and belief the adverse party is outside the Third Circuit and receives mail at the following address:

I hereby solemnly and sincerely declare, under penalty of perjury, that the statements made herein are true and correct to the best of my belief, information, and knowledge.

Dated: _____, Hawai'i: _____
(City) (Date) (Movant's Signature)

ORDER FOR SERVICE BY MAIL

It appears that service by mail is appropriate and reasonable. IT IS HEREBY ORDERED that service herein may be made by forwarding certified copies of:

- Complaint for Divorce; Automatic Restraining Order; and Summons to Answer Complaint
- Motion for Pre-Decree Relief; Order for Pre-Decree Relief; and Attachment(s)
- Motion and Declaration for Post-Decree Relief
- _____
- _____

and of this Order to the Plaintiff Defendant by registered or certified mail with return receipt requested and a direction to deliver to addressee only and that actual receipt by Plaintiff Defendant of the above-named document(s) sent in accordance with this Order shall be equivalent to personal service by an authorized process server as of the date of receipt.

DATE [] Hilo [] Kona	JUDGE'S SIGNATURE Print Judge's Name: _____	COURT USE ONLY
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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 Family Court Administration Office at PHONE NO. (808) 961-7629, FAX (808) 961-7577, or email adarequest@courts.hawaii.gov at least ten (10) working days prior to your hearing or appointment date.

STATE OF HAWAII FAMILY COURT THIRD CIRCUIT	STATEMENT OF MAILING EXHIBITS "1" AND "2"	CASE NUMBER FC-D NO.
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<p style="text-align: center;">VS.</p> <p style="text-align: right; margin-right: 50px;">PLAINTIFF (Full Name)</p> <hr style="width: 80%; margin: 0 auto;"/> <p style="text-align: right; margin-right: 50px;">DEFENDANT (Full Name)</p>	<p>This document is prepared by <input type="checkbox"/> Plaintiff <input type="checkbox"/> Atty. for Plaintiff</p> <p>Name _____</p> <p>Address _____</p> <p>City, State, Zip _____</p> <p>Phone _____</p>
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STATEMENT OF MAILING

I REPRESENT THAT I caused one certified copy each of the Complaint For Divorce; Summons to Answer Complaint; and Motion for Service by Mail and Affidavit; Order for Service by Mail; and _____, to be mailed by certified or registered mail, return receipt requested, restricted delivery to:

Defendant's Name

Defendant's Address

City/State/Zip

Defendant

At the time of mailing, the receipt attached hereto as Exhibit "1" was postmarked and dated. Thereafter, the return receipt attached as Exhibit "2" was received.

DATE	PLAINTIFF'S SIGNATURE	
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EXHIBIT "1"

EXHIBIT "2"

STATE OF HAWAII FAMILY COURT THIRD CIRCUIT	INCOME AND EXPENSE STATEMENT <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant	CASE NUMBER FC-D NO.
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<p style="text-align: center;">VS.</p> <p style="text-align: right;">PLAINTIFF (Full Name)</p> <hr style="width: 80%; margin: 0 auto;"/> <p style="text-align: right;">DEFENDANT (Full Name)</p>	<p>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</p> <p>Name _____</p> <p>Address _____</p> <p>City, State, Zip _____</p> <p>Phone _____</p>
--	--

Occupation: _____ *Job title*

Employer: _____

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/401K	\$	_____
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 \$ _____

Total Monthly Income (Add per month income from lines a and c above) \$ _____

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, elec., telephone etc. \$ _____

Transportation, expenses per month:

Car payment, lease, rental \$ _____
 Insurance on vehicle \$ _____
 Maintenance (repairs) \$ _____
 Operating (gas, oil & tires) \$ _____

Total Housing and Transportation expenses \$ _____

Debt service (all monthly payments, eg. 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 Totals	\$ _____	\$ _____

Total Personal expenses \$ _____

Grand Total expenses: Housing, Trans., 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 the information used in this Income and Expense Statement and have reviewed this statement and I certify that the information is accurate, complete and correct.

DATE

PLAINTIFF'S DEFENDANT'S SIGNATURE

STATE OF HAWAII
FAMILY COURT
THIRD CIRCUIT

INCOME AND EXPENSE STATEMENT
 Plaintiff Defendant

CASE NUMBER
FC-D NO.

VS.

PLAINTIFF
(Full Name)

This document is prepared by
 Plaintiff Defendant Atty. for Plaintiff Atty. for Defendant

Name

Address

City, State, Zip

Phone

DEFENDANT
(Full Name)

Occupation: _____
Job title

Employer: _____

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/401K \$ _____
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 \$ _____

Total Monthly Income (Add per month income from lines a and c above) \$ _____

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, elec., telephone etc.	\$ _____

Transportation, expenses per month:

Car payment, lease, rental	\$ _____
Insurance on vehicle	\$ _____
Maintenance (repairs)	\$ _____
Operating (gas, oil & tires)	\$ _____

Total Housing and Transportation expenses \$ _____

Debt service (all monthly payments, eg. 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 Totals \$ _____

Total Personal expenses \$ _____

Grand Total expenses: Housing, Trans., 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 the information used in this Income and Expense Statement and have reviewed this statement and I certify that the information is accurate, complete and correct.

DATE	<input type="checkbox"/> PLAINTIFF'S <input type="checkbox"/> DEFENDANT'S SIGNATURE
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STATE OF HAWAII FAMILY COURT THIRD CIRCUIT	ASSET AND DEBT STATEMENT <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> Both Parties	CASE NUMBER FC-D No.																												
_____ (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 Number _____																													
<p>1. CASH (on hand or held by others for me): <input type="checkbox"/> None <input type="checkbox"/> \$ _____.</p> <p>2. CREDIT UNION ACCOUNTS: <input type="checkbox"/> None</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align:left; border-bottom: 1px solid black;"><u>Name</u></th> <th style="text-align:left; border-bottom: 1px solid black;"><u>Title (Plaintiff, Defendant, Joint, Other)</u></th> <th style="text-align:right; border-bottom: 1px solid black;"><u>Credit Balance</u></th> <th style="text-align:right; border-bottom: 1px solid black;"><u>Debt Balance</u></th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> <p>3. BANK AND SAVINGS ACCOUNTS: <input type="checkbox"/> None (Include Trustee Accounts)</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align:left; border-bottom: 1px solid black;"><u>Company & Branch</u></th> <th style="text-align:left; border-bottom: 1px solid black;"><u>Type of Account</u></th> <th style="text-align:left; border-bottom: 1px solid black;"><u>Title (Plaintiff, Defendant, Joint, Other)</u></th> <th style="text-align:right; border-bottom: 1px solid black;"><u>Current Balance</u></th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>			<u>Name</u>	<u>Title (Plaintiff, Defendant, Joint, Other)</u>	<u>Credit Balance</u>	<u>Debt Balance</u>									<u>Company & Branch</u>	<u>Type of Account</u>	<u>Title (Plaintiff, Defendant, Joint, Other)</u>	<u>Current Balance</u>												
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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

CASE NUMBER

Plaintiff Defendant Both Parties

FC-D No.

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

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

11. **ALL OUTSTANDING DEBTS:** None (Include those listed in paragraphs 2,4, 5, 6, 7, 9, and 10 above in addition to all charges, finance companies, and personal loans.)

<u>Creditor</u>	<u>Debtor (Plff, Def, Jt, Other)</u>	<u>Security</u>	<u>Mo./Yr. Debt Incurred</u>	<u>Total Balance</u>	<u>Minimum Monthly Payment</u>

Total Debt in Plaintiff's Name Alone: _____

Total Debt in Defendant's Name Alone: _____

Total Debt in Joint Names: _____

CERTIFICATION

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

DATE	<input type="checkbox"/> PLAINTIFF'S <input type="checkbox"/> DEFENDANT'S SIGNATURE
DATE	<input type="checkbox"/> PLAINTIFF'S <input type="checkbox"/> DEFENDANT'S SIGNATURE

STATE OF HAWAII FAMILY COURT THIRD CIRCUIT	ASSET AND DEBT STATEMENT <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> Both Parties	CASE NUMBER FC-D No.																												
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STATE OF HAWAII FAMILY COURT THIRD CIRCUIT	ASSET AND DEBT STATEMENT <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> Both Parties	CASE NUMBER FC-D No.
4. SECURITIES: <input type="checkbox"/> None (Stocks, Bonds, Mutual Funds, Certificates of Deposit, etc.)		
<u>Company</u>	<u>Title (Pltf, Dft, Jt, Other)</u>	<u>Date of Acquisition</u>
	<u>Cost</u>	<u>Market Value</u>
		<u>Debt Owed</u>
5. VEHICLES: <input type="checkbox"/> None (Autos, Trucks, Motorcycles, Trailers, Campers, Boats, etc.)		
<u>Year</u>	<u>Make</u>	<u>Title (Pltf, Dft, Jt, Other)</u>
		<u>Current Market Value</u>
		<u>Debt Owed Against</u>
6. REAL PROPERTY: <input type="checkbox"/> None		
<u>Address</u>	<u>Title</u>	<u>Fee or Lease</u>
	<u>Date of Acquisition</u>	<u>Cost</u>
		<u>Current Gross Value</u>
		<u>Total Debt Owed</u>
7. LIFE INSURANCE: <input type="checkbox"/> None		
<u>Company</u>	<u>Person Insured</u>	<u>Face Amount</u>
	<u>Beneficiary</u>	<u>Title (Pltf, Dft, Jt, Other.)</u>
		<u>Cash Value</u>
		<u>Debt Owed Against</u>

ASSET AND DEBT STATEMENT

CASE NUMBER

Plaintiff Defendant Both Parties

FC-D No.

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, Def, 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

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

11. ALL OUTSTANDING DEBTS: None (Include those listed in paragraphs 2,4, 5, 6, 7, 9, and 10 above in addition to all charges, finance companies, and personal loans.)

<u>Creditor</u>	<u>Debtor (Pltf, Deft, Jt, Other)</u>	<u>Security</u>	<u>Mo./Yr. Debt Incurred</u>	<u>Total Balance</u>	<u>Minimum Monthly Payment</u>

Total Debt in Plaintiff's Name Alone: _____

Total Debt in Defendant's Name Alone: _____

Total Debt in Joint Names: _____

CERTIFICATION

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

DATE	<input type="checkbox"/> PLAINTIFF'S <input type="checkbox"/> DEFENDANT'S SIGNATURE
------	---

DATE	<input type="checkbox"/> PLAINTIFF'S <input type="checkbox"/> DEFENDANT'S SIGNATURE
------	---

STATE OF HAWAII FAMILY COURT THIRD CIRCUIT	APPEARANCE AND WAIVER	CASE NUMBER FC-D NO.
<div style="text-align: center; margin-bottom: 20px;"> _____ PLAINTIFF (Full Name) </div> <div style="text-align: center; margin-bottom: 20px;"> VS. </div> <div style="text-align: center;"> _____ DEFENDANT (Full Name) </div>	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 _____ Phone _____	
<p>I, the Defendant, acknowledge receipt of a <u>filed</u> copy of the Complaint and Summons in the above-entitled action, submit myself to the Court's jurisdiction, and have agreed with the Plaintiff on the matters set forth in</p> <p><input type="checkbox"/> a signed agreement incident to divorce.</p> <p><input type="checkbox"/> a form of Decree which I have approved by signature.</p> <p>I consent to a hearing of the complaint by a judge at any time without further notice and without my presence so long as the Decree issued incorporates the provisions I have approved. If such Decree is not entered by the Court, I request to be notified.</p> <p>I understand that I am not required to sign this paper and that by doing so I am permitting the Court without opposition from me to proceed with the above-entitled matter at this time unless there is reason for the Court to alter our agreement.</p> <p><input type="checkbox"/> I am not in the military service of the United States.</p> <p><input type="checkbox"/> I am in the military service of the United States, but I do not request a stay of proceedings herein, and I do waive any rights I may have under the Soldiers' and Sailors' Civil Relief Act, 50 U.S.C. Sec. 521, <u>et. seq.</u></p>		
DATE	DEFENDANT'S SIGNATURE	

STATE OF HAWAII FAMILY COURT THIRD CIRCUIT	PROOF OF SERVICE	CASE NUMBER FC-D NO.
---	---------------------------------	-----------------------------

_____ PLAINTIFF (Full Name)	This document is prepared by <input type="checkbox"/> Plaintiff <input type="checkbox"/> Attorney for Plaintiff
VS.	Name _____ Address _____ City, State, Zip _____ Phone _____
_____ DEFENDANT (Full Name)	

I served a certified copy of each document identified below by delivering to the following person(s):

PERSON(S) SERVED	DATE	TIME	PLACE

DOCUMENTS SERVED

- Complaint Summons Notice to Attend
- Motion and Affidavit for
- Motion and Affidavit for
- _____

PLEASE EXPEDITE RETURN OF SERVICE TO FAMILY COURT

DATE	POLICE OFFICER'S SIGNATURE	BADGE ID NUMBER	
DATE	OTHER SERVING OFFICER'S SIGNATURE	NAME OF SERVING OFFICER	

UNSERVED DOCUMENTS: I certify that, despite due and diligent search, I was unable to locate the person to be served, and therefore the attached documents are being returned as unserved.

STATE OF HAWAI'I FAMILY COURT THIRD CIRCUIT	CASE ID/NUMBER 3FDV- _____
---	-------------------------------

AFFIDAVIT OF PLAINTIFF (FOR UNCONTESTED DIVORCE)

_____ v. Plaintiff,

_____ Defendant.

COURT USE ONLY

This document is prepared by
 Self-Represented Plaintiff
 Attorney for Plaintiff

Name (and if applicable, Attorney No.)

Address

City, State, Zip Code

Telephone Number

E-Mail Address

STATE OF HAWAI'I)
COUNTY OF HAWAI'I) ss.
Plaintiff in the above-entitled action, being
first duly sworn on oath, deposes and says that:

1. Plaintiff's full name and address is: _____

2. Legal Representation:
 - 2a. Plaintiff is representing him/herself.
 - 2b. Plaintiff is represented by the attorney named above.
3. Service of Process on Defendant was made by:
 - 3a. Personal Service: A *Proof of Service* or *Affidavit of Service* has been filed showing that the Defendant was personally served with a filed copy of the *Complaint for Divorce; Automatic Restraining Order; Summons to Answer Complaint* on _____ by a person authorized
(Month/Day/Year)
to serve legal documents.



If you need an accommodation for a disability when participating in a court program, service, or activity, please contact the ADA Coordinator as far in advance as possible to allow time to provide an accommodation. Call the ADA Coordinator at (808) 961-7629, Fax (808) 961-7577, or send an e-mail to adarequest@courts.hawaii.gov. The ADA Coordinator will try to provide, but cannot guarantee, the requested auxiliary aid, service, or accommodation.

3b. Certified or Registered Mail: A filed copy of the *Complaint for Divorce; Automatic Restraining Order; and Summons to Answer Complaint* were served upon Defendant by certified or registered mail. A *Statement of Mailing or Affidavit of Mailing* and an original return receipt signed by the Defendant on (Month/Day/Year) _____ have been filed. Plaintiff recognizes Defendant's signature on the return receipt.

3c. Appearance and Waiver: Defendant acknowledged receipt of a filed copy of the *Complaint Automatic Restraining Order; and Summons to Answer Complaint for Divorce*; and signed an *Appearance and Waiver* on (Month/Day/Year) _____. Plaintiff recognizes Defendant's signature on the *Appearance and Waiver*.

3d. Publication: The *Affidavit of Publication* was filed on _____.
(Month/Day/Year)

4. **Default:**

4a. More than twenty (20) days have passed since the service of the *Complaint for Divorce; Automatic Restraining Order; and Summons to Answer Complaint* upon Defendant. No responsive pleading has been filed. Neither Plaintiff nor Plaintiff's attorney has received any communication from Defendant or Defendant's attorney concerning this case since the *Complaint for Divorce; Automatic Restraining Order; and Summons to Answer Complaint* was served.

4b. An order granting the *Motion for Entry of Default* was filed on _____.
(Month/Day/Year)

5. Jurisdiction (Please check all that apply)

a. I am domiciled on Hawai'i Island, State of Hawaii, at the time of the filing this Complaint.
(HRS § 580-1 (a)/Act 69 of the 2021 Legislative Session.)

b. I am residing on a military or federal base, installation, or reservation within the State of Hawaii or am in the State of Hawaii under military orders. HRS §580-1(a).

c. The marriage was solemnized under Hawai'i Revised Statutes and Chapter 572 and both parties are domiciled in a jurisdiction that does not recognize the marriage.

10. Financial Statements:

10a. Plaintiff signed *Income and Expense* and *Asset and Debt Statements* on _____.
To the best of Plaintiff's knowledge, there have been no substantial changes in Plaintiff's financial circumstances since that date.

10b. | | On _____ Defendant signed an *Income and Expense Statement* and an *Asset Debt Statement*. Plaintiff recognizes Defendant's signature on said documents.
(Month/Day/Year)

10c. | | Defendant's *Income and Expense Statement* and *Asset and Debt Statement* are not filed because: _____

11. Plaintiff has carefully reviewed the proposed *Divorce Decree* ("*Decree*") and agrees to the alimony, division of property, and other provisions as provided in the proposed *Decree*.

12. Plaintiff signed the proposed *Decree*. | | Plaintiff recognizes Defendant's signature on the *Decree*.

13. Plaintiff wishes to resume the use of his/her | | birth surname | | former married name and be known as: _____

14. Defendant wishes to resume the use of his /her | | birth surname | | former married name and be known as: _____

15. Language Comprehension:

15a. | | Plaintiff fully understands the English language.

15b. | | Although Plaintiff does not fully comprehend written English, this document has been explained to him/her by _____ and based on that explanation Plaintiff understands this document.

16. Plaintiff requests that the court grant this divorce and enter the *Decree* without his/her appearance in court.

17. Plaintiff has read this document and signs it voluntarily and without coercion and duress and not because he/she was told to sign it.

18. Pregnancy

18a. I am not pregnant.

18b. I am pregnant and my expected date of delivery is (Month/Day/Year).
Defendant is is not the father of said child.

18c. Defendant is not pregnant.

18d. Defendant pregnant and her expected date of delivery is (Month/Day/Year).
Plaintiff is is not the father of said child.

19. Child(ren)

19a. Plaintiff and Defendant have no children together.

19b. The parties have child(ren) together. The full names and birthdates are listed below from the oldest to the youngest child (including adult children).

<u>Name</u>	<u>Date of Birth (Month/Day/Year)</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

19c. There is/are child(ren) conceived during this marriage who were fathered by someone other than my spouse. The child(ren)'s name(s) and birthdate(s) are listed below:

<u>Name</u>	<u>Date of Birth (Month/Day/Year)</u>	<u>Judgment of Paternity entered?</u>	
		<u>Yes</u>	<u>No</u>
_____	_____	[]	[]
_____	_____	[]	[]
_____	_____	[]	[]
_____	_____	[]	[]
_____	_____	[]	[]
_____	_____	[]	[]

STATE OF HAWAII FAMILY COURT THIRD CIRCUIT	AFFIDAVIT OF PLAINTIFF (FOR UNCONTESTED DIVORCE)	CASE ID/NUMBER 3FDV- _____
--	---	-------------------------------

20. Prior or Pending Custody Proceedings

20a. I have not participated in any capacity in any lawsuit or proceeding in any state concerning custody of the minor child(ren) of the Plaintiff and Defendant together. I have no information of any pending custody proceeding or of any person not a party to this proceeding who has physical custody or claims to have custody or visitation rights concerning any minor child(ren) of the Plaintiff and Defendant together.

20b. Prior court case involving the subject child(ren):

Case Name: _____

Case Number: _____

Location (City, State) of Court: _____

Date (Month/Day/Year) Filed: _____

Date (Month/Day/Year) Concluded: _____

Type of Case: _____

20c. Other pending court case involving the subject child(ren):

Case Name: _____

Case Number: _____

Location (City, State) of Court: _____

Date (Month/Day/Year) Filed: _____

Date (Month/Day/Year) Concluded: _____

Type of Case: _____

21. Plaintiff agrees to the custody arrangement and child support amounts as provided in the proposed civil *Divorce Decree*.

22. Child Support

22a. Plaintiff believes that the information provided in the completed Child Support Guidelines Worksheet is accurate to the best of the Plaintiff's knowledge and the proposed child support is consistent with the Child Support Guidelines Worksheet.

STATE OF HAWAI'I
FAMILY COURT
THIRD CIRCUIT

**AFFIDAVIT OF PLAINTIFF (FOR
UNCONTESTED DIVORCE)**

CASE ID/NUMBER
3FDV-_____

22b. The proposed child support varies from the Child Support Guidelines Worksheet because of the following exceptional circumstance(s): _____

23. Kids First

23a. I attended the Kids First Program on _____
(Month/Day/Year)

23b. I was excused by Judge _____ from attending the Kids First Program.

24. Other: _____

Plaintiff declares that he/she understands that his/her signature under oath before a notary public is his/her solemn statement that he/she read this Affidavit and knows and understands the contents and that these statements are true, correct, and completed to the best of his/her knowledge and belief.

DATE

PLAINTIFF'S SIGNATURE (MUST BE SIGNED BEFORE A NOTARY PUBLIC)

Document Title: Affidavit of Plaintiff (for Uncontested Divorce)

Document Date: _____ Number of Pages: 6

was subscribed and sworn to before me in the Third Circuit, State of Hawai'i by: _____

Notary Public's Signature: _____

Date: _____

in the Third Circuit, State of Hawai'i.

Print Notary Public's Name: _____

My commission expires on: _____

(Notary Seal)

STATE OF HAWAI'I FAMILY COURT THIRD CIRCUIT	CASE ID/NUMBER _____
---	-------------------------

PROPOSED DIVORCE DECREE
Without Minor and/or Dependent Child(ren)

v.	Plaintiff,
Defendant.	

This document is prepared by:	
<input type="checkbox"/> Self-Represented <input type="checkbox"/> Attorney for	<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant
Name (and if applicable, Attorney No.) _____	
Address _____	
City, State, Zip Code _____	
Telephone/Cell No. _____	
E-Mail Address _____	

I request that I be provided with a filed copy of the attached document in the following manner:

MAIL I have submitted herewith (how many) _____ self-addressed, postage prepaid envelope(s).
(I understand that the Court WILL NOT supplement cost of postage.)

PICK UP I will return to PICK UP a copy from the [] Hilo, [] Waimea or [] Kona Family Court
Legal Documents Counter when notified by the Court.

ON OWN I will PRINT, at my own expense, a copy from the Judiciary, State of Hawai'i, website -
eCourt*Kokua (<https://www.courts.state.hi.us>)
*(Estimated cost: \$3.00 per document, or 10 cents per page, whichever is greater.
Certified copy is \$2.00 additional per document.)*
Note: Confidential Cases are not accessible on eCourt Kokua.

Date	Your Signature	Print Your Name
------	----------------	-----------------

STATE OF HAWAII FAMILY COURT THIRD CIRCUIT	CASE ID/NUMBER _____
--	-------------------------

DIVORCE DECREE
Without Minor and/or Dependent Child(ren)

v.	Plaintiff,
	Defendant.

This document is prepared by	
<input type="checkbox"/> Self-Represented	<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant
<input type="checkbox"/> Attorney for	<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant
Name (and if applicable, Attorney No.) _____	
Address _____	
City, State, Zip Code _____	
Telephone Number _____	
E-Mail Address _____	

Presiding Judge's Name	City, State, Zip Code
------------------------	-----------------------

Date of Hearing/Review by Judge	E-Mail Address
---------------------------------	----------------

A hearing was held before the Presiding Judge or an affidavit was submitted and the Court waived hearing on this matter. After full consideration of the evidence, the Court finds the material allegations of the Complaint for Divorce to be true. Plaintiff is entitled to a divorce from the bonds of matrimony. The Court has jurisdiction to enter this Divorce Decree.

IT IS HEREBY ORDERED, ADJUDGED, AND DECREED that:

1. Decree

A decree is granted to Plaintiff Defendant. The bonds of matrimony between Plaintiff and Defendant are hereby dissolved. The parties are restored to the status of single persons. Either party is permitted to marry after the effective date of this Divorce Decree.

2. Effective Date

This Divorce Decree is effective after it is signed and filed by the Court.

3. Alimony

| | 3A. Neither party shall be required to pay alimony to the other party.

| | 3B. Beginning with a first payment on _____ day of (Month/Year) _____

| | Plaintiff | Defendant shall pay | Plaintiff | Defendant alimony of \$ _____
per month to be paid:

in one installment of \$ _____ on or before the _____ day of each month.

in two equal installments of \$ _____ on or before the _____ and _____ days of each month.

Alimony shall continue for _____ months and terminate with the payment due _____
(Month/Day/Year)

Alimony shall terminate upon the death of either Plaintiff or Defendant.

Alimony shall shall not terminate upon the recipient's remarriage.

4. Bank Accounts (Savings, Checking, etc.), Credit Union Accounts, and Securities (Stocks, Bonds, Mutual Funds, etc.)

| | 4A. There are none.

| | 4B. Each is awarded those titled in their name alone.

| | 4C. Plaintiff is awarded:

| | 4D. Defendant is awarded:

5. Vehicles (Autos, Trucks, Motorcycles, Trailers, Campers, Boats, etc.)

- 5A. There are none.
- 5B. Each is awarded those titled in their name alone.
- 5C. Plaintiff is awarded:

- 5D. Defendant is awarded:

- 5E. Necessary transfer documents shall be signed no later than ten (10) days following the filing of this Divorce Decree. If either party fails to do so, the Director of Finance of the City and County of Honolulu is authorized and directed to transfer the ownership of the vehicles(s) if requested to do so.

6. Real Property

- 6A. Neither party owns any interest of any kind in any real property.
- 6B. The real property shall be divided as follows:

7. Life Insurance

- | | 7A. There is none.
- | | 7B. Each party is awarded the life insurance policy/policies now held on his/her life, together with any cash value therein and subject to any debt thereon.
- | | 7C. The life insurance policies shall be divided as follows:

8. Retirement Accounts/Benefits:

- | | 8A. There are none.
- | | 8B. Each party shall keep their own retirement accounts/benefits.
- | | 8C. The retirement accounts/benefits of the parties shall be divided as follows:

9. All Other Assets: (Personal Belongings, Furniture, Household Effects, Art, Stamps, Coins, Tools, Equipment, Jewelry, Accounts Receivable, Investment Assets, Business Assets, Cemetery Plots or Niches, Tax Refunds Due, etc.)

- | | 9A. There are no other assets.
- | | 9B. Each party is awarded the personal belongings and the household effects in his/her possession.
- | | 9C. Plaintiff is awarded:

9. All Other Assets (continued)

9D. Defendant is awarded:

10. All Outstanding Debts

10A. There are no joint debts.

10B. Each party shall pay all of the credit card and other debt, if any, now in his/her name alone.

10C. Plaintiff shall pay:

10D. Defendant shall pay:

11. Name Change

| | 11A. Plaintiff shall resume the use of his/her legal

| | middle and last name used prior to any marriage or

| | middle and last name used during any prior marriage [HRS §574-5(a)(2)(B)(i)]

and shall be known hereafter as: (First, Middle, and Last Name)

| | 11B. Defendant shall resume the use of his/her

| | middle and last name used prior to any marriage or

| | middle and last name used during any prior marriage [HRS §574-5(a)(2)(B)]

and shall be known hereafter as: (First, Middle, and Last Name)

| | 12. **Supplemental Order.** There is a supplemental order filed concurrently with this Divorce Decree.

| | 13. **Other:**

] 14. **Failure of Party to Perform:**

If either party fails to execute any document in compliance with this Decree, the other party may submit a motion to the court, requesting that the Court appoint the Chief Clerk of the Court to execute said document on behalf of the non-compliant party. Said motion may be without further notice to the non-compliant party. Such execution by the Chief Clerk shall have the same effect as if executed by the non-compliant party.

15. The Automatic Restraining Order shall be vacated upon the entry of this Divorce Decree pursuant to HRS §580-10.5(g).

DATE	JUDGE'S SIGNATURE
<input type="checkbox"/> Hilo, <input type="checkbox"/> Waimea, <input type="checkbox"/> Kona, Hawai'i	

APPROVED AS TO FORM AND CONTENT:

X _____
Signature of Plaintiff

Date Plaintiff Signed Decree: _____

Social Security No.: XXX-XX- _____

Address: _____

E-Mail Address: _____

Employer's Name and Address: _____

X _____
Signature of Defendant

Date Defendant Signed Decree: _____

Social Security No.: XXX-XX- _____

Address: _____

E-Mail Address: _____

Employer's Name and Address: _____

APPROVED AS TO FORM:

X _____
Signature of Attorney for Plaintiff

Print Attorney's Name: _____

X _____
Signature of Attorney for Defendant

Print Attorney's Name: _____



If you need an accommodation for a disability when participating in a court program, service, or activity, please contact the ADA Coordinator as far in advance as possible to allow time to provide an accommodation. Call the ADA Coordinator at (808) 961-7629, Fax (808) 961-7577, or send an e-mail to adarequest@courts.hawaii.gov. The ADA Coordinator will try to provide, but cannot guarantee, the requested auxiliary aid, service, or accommodation.

In the Family Court of the Third Circuit

State of Hawai'i

PLAINTIFF)
vs.) FC-D No. _____
DEFENDANT)
STATEMENT OF MAILING)
_____)

STATEMENT OF MAILING

I represent that on _____ I caused _____ certified cop _____
of the Divorce Decree
to be mailed to _____
in accordance with the Hawai'i Family Court Rule 97.

Dated: _____ Hawai'i, _____

Signature