

<b>FAMILY COURT FIRST JUDICIAL CIRCUIT STATE OF HAWAI'I</b>	<b>FINANCIAL INFORMATION SHEET</b>	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.) _____	\$ _____ \$ _____ \$ _____ \$ _____
<b>TOTAL</b> .....	\$ _____
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. ....	\$ _____
<b>TOTAL</b>	\$ _____

**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	
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**FOR COURT USE ONLY**  
FINANCIAL INFORMATION SHEET