INSTRUCTIONS RE: DIVORCE FORMS
(With Children)
HILO DIVISION

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

1) The filing fee is $265.00 payable at the time of filing.

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

   Legal Aid Intake
   Phone No. (808) 961-2851

   Volunteer Legal Services Hawai‘i
   Phone No. (808) 528-7046

   Should you decide to file your own, you may research the Divorce Manual and the Uncontested Divorce Information and Sample Forms Folder in the Law Library at Hale Kaulike (Hilo Judiciary Complex), 777 Kilauea Avenue, Second Floor. Employees are not allowed to give out Legal Advice.

2) Forms should be completed in black ink or typewritten.

3) To initiate your case, complete the Complaint and Summons; Matrimonial Action Information Sheet (complete both sides of the form, if any unknown information, indicate “unknown”); Exhibit Pertaining to Conciliation, Child Care and Child Custody Proceedings (complete both sides of the form) and the Children in Transition Information Sheet.

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 you are ready to file your case, make at least 3 copies of the Complaint, Summons and Matrimonial Attendance at the Judiciary-Sponsored “Children in Transition” program, FCJM External Memo 15 (stapled as one document); the Matrimonial Action Information Sheet and the Exhibit pertaining to Conciliation, Child Care and Child Custody Proceedings and at least 4 copies of the Children in Transition Information Sheet. Put original on top with copies to follow of each document.

NOTE: You have just initiated your Divorce case. It is your own responsibility as the filing party to proceed and complete your case on your own. Refer to the Proof of Uncontested Divorce Through Affidavit Memo (FCJM External Memo 4A) enclosed in your packet. You will not necessarily use all of the forms.

In accordance with the Americans with Disabilities Act, as amended and other applicable state and federal laws, if you require a reasonable accommodation for a disability when working with a court program, service or activity, please contact the ADA Coordinator at PHONE NO. 961-7424, Fax (808) 961-7411, or email adarequest@courts.hawaii.gov at least ten (10) working days before your hearing or appointment date.

Circuit Court of the Third Circuit
State of Hawai‘i

Chambers of Ronald Ibarra
Judge, Third Division

FAMILY COURT JUDGE’S MEMORANDUM
FAMILY COURT OF THE THIRD CIRCUIT

To: All Attorneys Practicing in the Third Circuit; Family and Circuit Courts; and All Persons Filing Divorce Actions in East Hawai‘i Who Have Minor Children Affected by the Divorce

From: Ronald Ibarra, Senior Family Court Judge

Date: March 17, 1993

Effective immediately, all divorce action plaintiffs and defendants, who are residing from Honoka‘a to Volcano and who have minor children from the marriage, are **ORDERED** to attend the “Children in Transition” program sponsored by the Hawai‘i YWCA and the Family Court of the Third Circuit. Such plaintiffs and defendants are **FURTHER ORDERED to bring with them all minor children between 6 and 18 years of age who are residing with them who will be affected by the divorce.**

Mothers and fathers are encouraged to attend the program, together with their children. If a party wishes to make arrangements to have a spouse attend a separate program, a written application for separate scheduling may be made by the plaintiff to the Administrative Director of the Family court at the time the complaint for divorce is filed or by the defendant no later than seven days after service of the complaint for divorce. It is important that parents attend the program together, and separate scheduling will only be arranged where a joint session will be detrimental to the children or presents a danger to the participants.

To schedule parties, the filing clerk shall examine each complaint to determine whether minor children will be affected by the divorce. If so, the clerk shall assign a program date at the time of the filing of the complaint by attaching a notice, in pink, to the first page of the complaint. By reason of this order, the plaintiff, defendant and minor children are required to attend the program on a date assigned by the filing clerk.

If the defendant is not served a copy of the complaint more than seven days prior to the assigned program date, AND is unable to arrange his/her schedule to permit attendance, the defendant will be excused from attending on the assigned date but will be required to attend the program on a subsequent date. Such a reassignment may be arranged by contacting the Administrative Director of the Family Court.

RevaComm 508 Certified

Attendance is mandatory even if there is no dispute about custody and visitation arrangements for the minor children.

No complaint for divorce which alleges that the parties have minor children shall hereafter be filed unless accompanied by:

(1) The original and at least one copy of a completed "Children in Transition" Information Sheet; and

(2) A copy of FCJM External Memo. 15 regarding Mandatory Attendance of Judiciary-Sponsored Program, "Children in Transition" attached to the complaint and noted in the document style.

Family Court judges may refuse to grant a divorce to the parties until they attend this program.

BHG:h

RevaComm 508 Certified

STATE OF HAWAI'I FAMILY COURT THIRD CIRCUIT	CHILDREN IN TRANSITION INFORMATION SHEET	CASE NUMBER FC-D NO.

MOTHER

NAME: _____

ADDRESS: _____

_____

TELEPHONE: _____

FATHER

NAME: _____

ADDRESS: _____

_____

TELEPHONE: _____

DATE OF PROGRAM: _____

C-H-I-L-D-R-E-N

NAME/SEX (M,F)	AGE/DATE OF BIRTH	LIVING WITH WHOM
1. _____	_____/_____	_____
2. _____	_____/_____	_____
3. _____	_____/_____	_____
4. _____	_____/_____	_____
5. _____	_____/_____	_____

Do Not Write Below This Line

FOR STAFF USE ONLY

	ATTENDED (Y,N)	NOTES	VERIFICATION (SIG) (DATE)
FATHER	_____	_____	_____
MOTHER	_____	_____	_____
CHILD 1	_____	_____	_____
CHILD 2	_____	_____	_____
CHILD 3	_____	_____	_____
CHILD 4	_____	_____	_____
CHILD 5	_____	_____	_____

STATE OF HAWAI'I FAMILY COURT THIRD CIRCUIT	DECLARATION IN SUPPORT OF REQUEST TO PROCEED IN FORMA PAUPERIS	CASE NUMBER FC-D NO.

PLAINTIFF,

VS.

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 salary per month and give the name address of your employer.

_____
_____
_____

b. If the answer is no, state the date of last employment and the amount of the salary per month 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 ( ) (Including any funds in prison accounts.)
   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.

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.

_____

Plaintiff's Signature

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

Signed this _____ day of _____ , 20 _____

_____

Plaintiff's Signature

APPROVED AND SO ORDERED:

_____

Judge of the above-entitled Court

Reset Page

STATE OF HAWAI'I FAMILY COURT OF THE THIRD CIRCUIT	COMPLAINT FOR DIVORCE	CASE NUMBER FC-D NO.

_____ PLAINTIFF,
VS. (Your Full Name)

_____ DEFENDANT.
(Your Spouse's Full Name)

This document is prepared by
❑ Plaintiff ❑ Attorney for Plaintiff

Name _____

Address _____

City, State, Zip _____

Phone _____

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

I. Jurisdiction:
I and/or my spouse, the Defendant, have lived or have been physically present in the State of Hawai'i for a continuous period of at least six (6) months and I have lived and/or been physically present on the Island of Hawai'i for a continuous period of at least three (3) months immediately preceding this application.

2. Marriage:
The parties (plaintiff and spouse) are lawfully married to each other.

3. Children:
a. ❑ The parties have no children together.
b. ❑ The parties have____ *(enter number)* child(ren) under 18 together.
c. ❑ The parties have____ *(enter number)* child(ren) 18 or older together, who are dependent on them for support.
d. ❑ The parties have____ *(enter number)* child(ren) 18 or older together, who are not dependent on them for support.
e. ❑ Wife has ____ *(enter number)* child(ren) born during the marriage, not fathered by Husband.
f. ❑ Wife is pregnant.

4. Custody and Visitation:
a. Legal custody of the minor child(ren) should be awarded to:
❑ Me, Plaintiff ❑ My spouse, Defendant ❑ Both parties jointly
b. Physical custody of the minor child(ren) should be awarded to:
❑ Me, Plaintiff ❑ My spouse, Defendant ❑ Both parties jointly
c. The parent not awarded physical custody should have:
❑ Reasonable visitation ❑ Supervised visitation ❑ _____
d. Child support should be awarded in accordance with the child support guidelines.

5. Division of Assets:
All assets my spouse and I own should be divided in a just and equitable way.

6. Division of Debts:
All debts my spouse and I owe should be divided in a just and equitable way.

7. Spousal Support (Alimony):
a. ❑ I am entitled to an order that my spouse pay spousal support (alimony) to me.
b. ❑ My spouse ❑ is ❑ is not entitled to an order that I pay spousal support (alimony) to him/her.

8. Grounds:
Pursuant to HRS Section 580-41, I allege that the grounds for divorce are as follows (check one only):
a. ❑ The marriage is irretrievably broken.
b. ❑ The parties have lived separate and apart for a period of two (2) or more years under a decree of separation from bed and board or under a decree of separate maintenance.
c. ❑ The parties have lived separate and apart for a continuous period of two (2) or more years immediately preceding the application, there is no reasonable likelihood that cohabitation will be resumed, and it would not be harsh and oppressive to Defendant, or contrary to the public interest, to grant a divorce on this ground on the complaint of Plaintiff.

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.

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

DATE	PLAINTIFF'S SIGNATURE

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 Third Circuit Court Administration Office at PHONE NO. 961-7424 or TTY 961-7422 at least ten (10) working days prior to your hearing or appointment date.

STATE OF HAWAI'I FAMILY COURT THIRD CIRCUIT	**SUMMONS** **TO ANSWER COMPLAINT**	CASE NUMBER FC-D NO.

_____ PLAINTIFF (Full Name) VS. _____ DEFENDANT (Spouse's Full Name)	This document is prepared by ❑ Plaintiff ❑ Atty. for Plaintiff Name Address City, State, Zip Phone

TO THE DEFENDANT

You are hereby summoned and required to serve a written answer to the attached Complaint 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.

A copy of your answer should also be served upon the Plaintiff's attorney, or in the event Plaintiff is not represented by an attorney, upon the Plaintiff at the address shown on the Complaint.

If you fail to file your written answer within the 20-day time limit, further action may be taken in this case, including judgment for the relief demanded in the Complaint, without further notice to you.

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 COURTS PERMITS, IN WRITING ON THE SUMMONS, PERSONAL DELIVERY DURING THOSE HOURS.

FAILURE TO OBEY THE SUMMONS MAY RESULT IN AN ENTRY OF A DEFAULT AND DEFAULT JUDGMENT AGAINST THE PERSON SUMMONED.

DATE	CLERK OF COURT

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 Third Circuit Court Administration Office at PHONE NO. 961-7424, or TTY 961-7422, at least ten (10) working days prior to your hearing or appointment date.

Reset Form

STATE OF HAWAI'I FAMILY COURT THIRD CIRCUIT	MATRIMONIAL ACTION INFORMATION	CASE NUMBER FC-D NO.

PLAINTIFF	PREPARED: ☐ PLAINTIFF ☐ DEFENDANT ☐ ATTORNEY FOR PLAINTIFF ☐ ATTORNEY FOR DEFENDANT	DATE FILED
DEFENDANT		
NATURE OF CASE ☐ DIVORCE ☐ SEPARATION ☐ ANNULMENT ☐ 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 ☐ NOT SEPARATED	DATE			COUNTY / STATE		

(Continue on back page)

Reset Form

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 ☐ IS ☐ 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	EXHIBIT PERTAINING TO CONCILIATION, CHILD CARE, AND CHILD CUSTODY PROCEEDINGS	CASE NUMBER FC- D NO.

	PREPARER (NAME, ADDRESS AND PHONE NO.)
Plaintiff, vs. Defendant.	Name: Address: Phone No.:

I. MARRIAGE INFORMATION

	YES	NO
1. Are you presently separated? If yes, date separated:	☐	☐
2. Have you had contact with your spouse at any time since your separation?	☐	☐

If so, how frequently?
Reasons for contacts:

3. What is your present relationship? ☐ Good ☐ Fair ☐ Poor

II. COUNSELING INFORMATION

1. Have you or your spouse received marriage counseling services? If so, name of person/agency providing the service:	☐	☐

Give approximate dates and numbers of interview:
Date(s): Number of Interviews:

2. Did your spouse participate in these sessions?	☐	☐
3. What do you feel is the basic problem in your marriage breakdown?		
4. Do you wish counseling?	☐	☐

III. INFORMATION ON CARE OF CHILDREN:

LIVING ARRANGEMENTS: (include type of house, rent/own, number of rooms, number of occupants)

SUPERVISION: Give details of care of children if you are employed and/or after school care:

(Continue on back page)

EXPENSES:

	YES	NO
CUSTODY: Do you feel custody will be an issue?	☐	☐

If yes, give NAMES OF CHILDREN whose custody is disputed and why you feel that you, rather than the other party, should have custody of the children:

VISITATION: What are your feelings about the children's visits with other parent?

What are your plans for visitation IF YOU DO NOT have custody?

What other activity of yours makes you feel your having custody would be in the children's best interest?

What activity of your spouse makes you feel it would be in the children's best interest for your spouse to have custody?

IV. AGENCY INFORMATION: If you or a member of your family are now active or have been known to any of the following agencies, please indicate the year of last contact with the agency:

1. Dept. of Social Services & Housing _____ 2. Adult Probation _____
3. Family Court _____ 4. Mental Health Clinic _____
5. Other (Name) _____

Are you willing to have the agency/person release information to this court?	☐	☐

Indicate anyone the court officer may contact who you feel will provide corroboration or information that the court may need:

V. INFORMATION REQUIRED FOR CUSTODY:

Child(ren)'s present address:

Places where the children have lived within the last five years:

Address:

Address:

(Continue on Page
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EXHIBIT PERTAINING TO CONCILIATION, CHILD CARE AND CHILD CUSTODY PROCEEDINGS (PAGE 2)

NAME and PRESENT ADDRESS of persons with whom the CHILD(REN) has/have lived during that period:

NAME:
ADDRESS:

NAME:
ADDRESS:

OTHER CUSTODY PROCEEDINGS:	YES	NO
1. Have you participated (as a party, witness, or in any other capacity) in any other litigation concerning your child(ren)'s custody in this or any other state?	☐	☐
2. Do you have information of any custody proceeding concerning the children pending in a court of this or any other state?	☐	☐
3. Do you know of any person not a party to the proceedings who has physical custody of the child(ren) or claims to have custody or visitation rights with respect to the child(ren)?	☐	☐

IF YOUR ANSWER TO ANY OF THE ABOVE QUESTIONS IS YES, PLEASE PROVIDE THE FOLLOWING:

1. The nature of your participation in other proceedings:
2. The time, place, title of this court, case number and outcome, if any, of the other proceedings:
3. The names of the other persons involved in the other proceedings and their relationship to you:
4. Copies of any court orders in your possession relating to custody/visitation.

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 AFFIDAVIT; ORDER FOR SERVICE BY MAIL	CASE NUMBER FC-D NO.

_____ PLAINTIFF (Full Name) VS. _____ DEFENDANT (Full Name)	This document is prepared by ❑ Movant ❑ Atty. for Movant _____ Name _____ _____ Address _____ City, State, Zip _____ Phone

MOTION FOR SERVICE BY MAIL AND AFFIDAVIT

The undersigned party to this action moves for an order 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 Circuit and receives mail at the following address:

MOVANT'S SIGNATURE

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE:	**NOTARY PUBLIC'S SIGNATURE** **STATE OF HAWAI'I, THIRD CIRCUIT**	**MY COMMISSION EXPIRES:**

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 the

❑ Complaint ❑ Summons
❑ Motion and Affidavit for
❑ Income and Expense Statement; Asset and Debt Statement
❑ _____

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 the ❑ Plaintiff ❑ Defendant of the above 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	CLERK OF THE COURT

Reset Form

STATE OF HAWAI'I FAMILY COURT THIRD CIRCUIT	STATEMENT OF MAILING EXHIBITS "1" AND "2"	CASE NUMBER FC-D NO.

_____ PLAINTIFF (Full Name) VS. _____ DEFENDANT (Full Name)	This document is prepared by ❑ Plaintiff ❑ Atty. for Plaintiff _____ Name _____ _____ Address _____ City, State, Zip _____ Phone

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

EXHIBIT “1”

EXHIBIT “2”

STATE OF HAWAI'I FAMILY COURT THIRD CIRCUIT	INCOME AND EXPENSE STATEMENT ❑ Plaintiff ❑ Defendant	CASE NUMBER FC-D NO.

_____
PLAINTIFF
(Full Name)

VS.

_____
DEFENDANT
(Full Name)

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

Name _____

Address _____

City, State, Zip _____

Phone _____

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 HAWAI'I FAMILY COURT THIRD CIRCUIT	INCOME AND EXPENSE STATEMENT ❑ Plaintiff ❑ Defendant	CASE NUMBER FC-D NO.

_____
PLAINTIFF
(Full Name)

VS.

_____
DEFENDANT
(Full Name)

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

Name _____

Address _____

City, State, Zip _____

Phone _____

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 HAWAI'I FAMILY COURT THIRD CIRCUIT	ASSET AND DEBT STATEMENT ❑ Plaintiff ❑ Defendant ❑ Both Parties	CASE NUMBER FC-D NO.

_____
PLAINTIFF
(Full Name)

VS.

_____
DEFENDANT
(Full Name)

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

Name _____

Address _____

City, State, Zip _____

Phone _____

1. **Cash** (on hand or held by others for me) $ _____

2. **CREDIT UNION ACCOUNTS:**

Name	Title (H,W,J)	Credit Balance	Debt Balance

3. **BANK AND SAVINGS ACCOUNTS:** (Include Trustee Accounts)

Company & Branch	Type of Account	Title (H,W,J)	Current Balance

4. **SECURITIES:** (Stocks, Bonds, Mutual Funds, Certificates of Deposit, etc.)

Company	Title (H,W,J)	Date of Acquisition	Cost	Market Value	Debt Owed Against

5. **VEHICLES:** (Autos, Trucks, Motorcycles, Trailers, Campers, Boats, etc.)

Year	Make	Title (H,W,J)	Currrent Market Value	Debt Owed Against

6. **REAL PROPERTY:**

Address	Fee or Lease	Tltle (H,W,J)	Date of Acquisition	Cost	Current Gross Value	Total Debt Owed

7. **LIFE INSURANCE:**

Company	Person Insured	Face Amount	Beneficiary	Title (H,W,J)	Cash Value	Debt Owed Against

8. **RETIREMENT; PENSION; PROFIT SHARING ACCOUNTS:**

Employer or Company	Title (H,W,J)	Type of Plan	Years in Plan	Total Value

9. **ALL OTHER MAJOR ASSETS:** (Furniture, Household Ef fects, Art, Stamps, Coins, Tools, Equipment, Jewelry, Accounts Receivable, Investment Assets, Business Assets, Cemetary Plots or Niches, Tax Refunds Due, etc.)

General Description	Title (H,W,J)	Estimated Gross Value	Debt Owed Against

10. **PROPERTY HELD IN TRUST FOR OR BY THIRD PERSON/S:** (Aside from Bank & Savings Accounts Noted in paragraph 3)

Description	Trustee/s	Beneficiaries	Value	Debt Owed Against

11. **ALL OUTSTANDING DEBTS:** (Include those listed parts in 2, 4, 5, 6, 7, 9, and 10 above, in addition to all credit cards, charges, finance companies, and personal loans.)

Creditor	Debtor (H,W,J or Other)	Security	Mo./Yr. Debt Incurred	Total Balance Owed	Minimum Monthly Payment

Total Debt in Wife's Name Alone: _____

Total Debt in Husband's Name Alone: _____

Total Debt in Joint Names: _____

CERTIFICATION

I hereby declare under the penalty of perjury that I have supplied 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	❑ PLAINTIFF'S ❑ DEFENDANT'S SIGNATURE
DATE	❑ PLAINTIFF'S ❑ DEFENDANT'S SIGNATURE

STATE OF HAWAI'I FAMILY COURT THIRD CIRCUIT	ASSET AND DEBT STATEMENT ❑ Plaintiff ❑ Defendant ❑ Both Parties	CASE NUMBER FC-D NO.

_____
PLAINTIFF
(Full Name)

VS.

_____
DEFENDANT
(Full Name)

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

Name _____

Address _____

City, State, Zip _____

Phone _____

1. **Cash** (on hand or held by others for me) $ _____

2. **CREDIT UNION ACCOUNTS:**

Name	Title (H,W,J)	Credit Balance	Debt Balance

3. **BANK AND SAVINGS ACCOUNTS:** (Include Trustee Accounts)

Company & Branch	Type of Account	Title (H,W,J)	Current Balance

4. **SECURITIES:** (Stocks, Bonds, Mutual Funds, Certificates of Deposit, etc.)

Company	Title (H,W,J)	Date of Acquisition	Cost	Market Value	Debt Owed Against

5. **VEHICLES:** (Autos, Trucks, Motorcycles, Trailers, Campers, Boats, etc.)

Year	Make	Title (H,W,J)	Currrent Market Value	Debt Owed Against

6. **REAL PROPERTY:**

Address	Fee or Lease	Tltle (H,W,J)	Date of Acquisition	Cost	Current Gross Value	Total Debt Owed

7. **LIFE INSURANCE:**

Company	Person Insured	Face Amount	Beneficiary	Title (H,W,J)	Cash Value	Debt Owed Against

8. **RETIREMENT; PENSION; PROFIT SHARING ACCOUNTS:**

Employer or Company	Title (H,W,J)	Type of Plan	Years in Plan	Total Value

9. **ALL OTHER MAJOR ASSETS:** (Furniture, Household Ef fects, Art, Stamps, Coins, Tools, Equipment, Jewelry, Accounts Receivable, Investment Assets, Business Assets, Cemetary Plots or Niches, Tax Refunds Due, etc.)

General Description	Title (H,W,J)	Estimated Gross Value	Debt Owed Against

10. **PROPERTY HELD IN TRUST FOR OR BY THIRD PERSON/S:** (Aside from Bank & Savings Accounts Noted in paragraph 3)

Description	Trustee/s	Beneficiaries	Value	Debt Owed Against

11. **ALL OUTSTANDING DEBTS:** (Include those listed parts in 2, 4, 5, 6, 7, 9, and 10 above, in addition to all credit cards, charges, finance companies, and personal loans.)

Creditor	Debtor (H,W,J or Other)	Security	Mo./Yr. Debt Incurred	Total Balance Owed	Minimum Monthly Payment

Total Debt in Wife's Name Alone: _____

Total Debt in Husband's Name Alone: _____

Total Debt in Joint Names: _____

CERTIFICATION

I hereby declare under the penalty of perjury that I have supplied 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	❑ PLAINTIFF'S ❑ DEFENDANT'S SIGNATURE
DATE	❑ PLAINTIFF'S ❑ DEFENDANT'S SIGNATURE

STATE OF HAWAI'I FAMILY COURT THIRD CIRCUIT	APPEARANCE AND WAIVER	CASE NUMBER FC-D NO.

_____ PLAINTIFF (Full Name) VS. _____ DEFENDANT (Full Name)	This document is prepared by ❑Plaintiff ❑Defendant ❑ Atty. for Plaintiff ❑ Atty. for Defendant _____ Name _____ _____ Address _____ City, State, Zip _____ Phone

I, the Defendant, acknowledge receipt of a filed 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

❑ a signed agreement incident to divorce.
❑ a form of Decree which I have approved by signature.

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.

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.

❑ I am not in the military service of the United States.
❑ 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, et. seq.

DATE	DEFENDANT'S SIGNATURE

Reset Names A&W

Reset Form

STATE OF HAWAI'I FAMILY COURT THIRD CIRCUIT	PROOF OF SERVICE	CASE NUMBER FC-D NO.

_____
PLAINTIFF
(Full Name)

VS.

_____
DEFENDANT
(Full Name)

This document is prepared by
❑ Plaintiff ❑ Attorney for Plaintiff

Name _____

Address _____

City, State, Zip _____

Phone _____

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.

Family Court of the Third Circuit
State of Hawai'i

Ronald Ibarra
Senior Judge
Aileen Lum
Director

District Family Judges
Ben H. Gaddis
Victor M. Cox

MEMORANDUM

To: Third Circuit Court Judges and Bar

From: Ronald Ibarra, Senior Family Court Judge

Date: October 11, 1996

PROOF OF UNCONTESTED DIVORCE THROUGH AFFIDAVIT

Pursuant to Sections 580-5, H.R.S, the Family Court of the Third Circuit authorizes parties to and uncontested divorce to prove the case through an affidavit rather than by court appearance. Exact legal proof of every point is required in the affidavits.

The following process will be used in affidavit only cases:

1. The Affidavit of Plaintiff must be filed with the documents clerk before the case is set.

2. The Affidavit of Plaintiff must contain legal proof of every point required (see the sample affidavit attached). Utilize the attached sample as a guide and only include paragraphs in the affidavit which apply to your case. Be sure to include any other information in the affidavit which is necessary or would be helpful to the judge.

Such matters as circumstances justifying a variance from either child support guidelines or matters affecting the partnership model for division of property must be stated or you risk rejection of the proposed decree.

3. If not previously filed, the following documents must be filed with the Affidavit:

a. One or more of the following documents as proof of service:

(1) Appearance and Waiver. The Appearance and Waiver must be filed in all non-default uncontested cases. It must be both hand-dated and signed

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by the Defendant after the complaint has been filed. Family Court Rule 8(g) requires that the Appearance and Waiver "shall be filed within a reasonable time before the date of hearing." If the Appearance and Waiver is not current within six months of the time of setting, the Plaintiff must submit a Notice of Hearing to the Defendant and file the Notice of Hearing with the Family Court Clerk at the time the case is set.

(2) Proof of Service, Statement of Mailing, or Affidavit of Publication:

(a) Upon Defendant. If no Appearance and Waiver is filed, Proof of Service of the Complaint by personal service, Statement of Mailing with a return receipt signed by Defendant, or Affidavit of Publication must be provided if proceeding either by default or by agreement.

(b) Upon Corporation Counsel. Proof of Service of the Complaint upon Family Support Division of Corporation Counsel must be filed if any party has a child who is a recipient of Aid to Families with Dependant Children (AFDC).

b. Income and Expense Statement and Asset and Debt Statements of Plaintiff and Defendant: Current financial statements must be filed by Plaintiff and Defendant unless Defendant has filed an Appearance and Waiver or is in default. Each party must hand-date and sign in black ink each of his/her statements.

(1) Plaintiff. Plaintiff's filed Income and Expense Statement and Asset and Debt Statement must reflect financial information that is current within 60 days of the setting date (not the hearing date) of the case. Plaintiff's statements should reflect all known assets held in joint or sole names of the parties.

(2) Defendant. Plaintiff must submit to the counter clerk either: (a) Defendant's filed Income and Expense Statement and Asset and Debt Statement current

within 60 days of the setting of the case, or (b) A letter addressed to the Presiding Judge explaining why current financial statements are not available.

c. Child Support Guidelines Worksheet (if applicable): Plaintiff must submit a filed copy of the child support guidelines worksheet in all cases where the parties have minor and /or dependent children. The worksheet must be signed by Plaintiff and Plaintiff's attorney and Defendant and Defendant's attorney if possible.

d. Agreement Incident to Divorce (if applicable): All agreements must be filed, hand-dated and signed by both parties in black ink. The agreement should be signed before a notary or signature or counsel should appear on the agreement.

e. Paternity Judgment (if applicable): If any minor children born during the marriage are not fathered by the husband, the case must be placed on the contested divorce calendar unless the paternity of the natural father has already been adjudicated in a paternity action. See Hawai'i Divorce Manual, 5th ed., Section 7 for appropriate procedures.

f. Proposed Decree: A signed original decree and copies must be provided to the Family Court counter clerk together with the Certificate of Absolute Divorce.

Signatures: Stipulated decrees shall be signed by both parties and their attorneys. Each party must also hand-write the date in black ink next to his/her signature. If the decree incorporates and Agreement Incident to Divorce, only opposing counsel needs to sign the decree "approved as to form."

g. Order for Income Assignment (if applicable): Plaintiff shall submit an original of the Order for Income Assignment (OIA) and copies to the Family Court counter clerk together with the decree. If no OIA is submitted because the obligator has no periodic income, or the parties have elected direct payments to the custodial

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parent, and the defendants of the obligor parent are not receiving public assistance benefits, this should be explained in the Affidavit of Plaintiff. The Decree should nevertheless order that child support will be paid by OIA as soon as the obligor receives periodic income, and should further require the obligor to notify the Child Support Enforcement Agency in writing of the name and address of the employer or other payer as soon as he receives such income.

h. Order Granting Motion: If Plaintiff is proceeding by default, a filed copy of the Order Granting Motion for Default must be submitted in all affidavit cases at the time the case is set. Otherwise, a hearing on a motion for default should be scheduled at the time of the uncontested divorce and the Notice of Motion will reflect the same date and time as the uncontested divorce.

4. In the affidavit only cases, the case file including all documents will be reviewed by the assigned judge on or about the date of the hearing. The judge, after a hearing without appearances, will note the disposition on the court's calendar as follows: a) granted; b) decree to be resubmitted (with corrections); or c) court hearing with appearances required.

Copies of the rejected decrees to be returned to attorneys (with the judge's notations) will be placed in the attorney's jacket for corrections. Copies of the rejected decrees to be returned to pro se parties (with judge's notations) will be mailed to Plaintiff for corrections and resubmittal to the court.

Reprographics (6/08)

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STATE OF HAWAI'I FAMILY COURT THIRD CIRCUIT	AFFIDAVIT OF PLAINTIFF (FOR UNCONTESTED DIVORCE)	CASE NUMBER FC-D NO.

_____
PLAINTIFF
(Your Full Name)

VS.

_____
DEFENDANT
(Your Spouse's Full Name)

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

_____
Name
_____
_____
Address
_____
City, State, Zip
_____
Phone

STATE OF HAWAI'I)
) SS.
COUNTY OF HAWAI'I)

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 the Complaint and Summons on _____ (Mo/Day/Yr) by a person authorized to serve of legal documents.
   3b. ❑ Certified or Registered Mail: The Complaint and Summons was 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 _____ (Mo/Day/Yr) 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 and Summons and signed an Appearance and Waiver on _____ (Mo/Day/Yr). Plaintiff recognizes Defendant's signature on the Appearance and Waiver.
   3d. ❑ Publication: The Affidavit of Publication was filed on _____ (Mo/Day/Yr).

4. ❑ **Default**.
   4a. ❑ More than twenty (20) days have passed since the service of the Complaint and Summons on the 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 was served.
   4b. ❑ An order granting the Motion for Entry of Default was filed on_____ (Mo/Day/Yr).

Reset Form

STATE OF HAWAI'I FAMILY COURT THIRD CIRCUIT	AFFIDAVIT OF PLAINTIFF (FOR UNCONTESTED DIVORCE) PAGE TWO	CASE NUMBER FC-D NO.

5. Jurisdiction: (Check all that apply)
   5a. ❑ Plaintiff had been domiciled or physically present on the Island of Hawai'i for a continuous period of at least 3 months prior to the filing of the Complaint for Divorce.
   5b. ❑ Plaintiff had been domiciled or physically present in the State of Hawai'i for a continuous period of at least 6 months prior to the filing of the Complaint for Divorce.
   5c. ❑ Defendant had been domiciled or physically present in the State of Hawai'i for a continuous period of at least 6 months prior to the filing of the Complaint for Divorce.

6. Defendant resides in (city, state) _____ (City) , _____ (State) .

7. The parties were married on _____ (Mo/Day/Yr) .

8. The parties last lived together in (city, state) _____ (City) , _____ (State) on _____ (Mo/Day/Yr) .

9. Plaintiff believes that the marriage is irretrievably broken because:

_____

_____

10. Financial statements:

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

   10b. ❑ Defendant signed Income and Expense and Asset and Debt Statements on _____ (Mo/Day/Yr). Plaintiff recognizes Defendant's signature on said documents.

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

_____

_____

11. Plaintiff has carefully reviewed the proposed 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. Wife wishes to resume the use of her ❑ birth surname ❑ former married name and be known as:

_____ .

14. Husband wishes to resume the use of his ❑ 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.

STATE OF HAWAI'I FAMILY COURT THIRD CIRCUIT	AFFIDAVIT OF PLAINTIFF (FOR UNCONTESTED DIVORCE) PAGE THREE	CASE NUMBER FC-D NO.

18. Pregnancy:
   18a. ❑ Wife is not pregnant.
   18b. ❑ Wife is pregnant and her expected date of delivery is _____ (Mo/Day/Yr). Husband ❑ is ❑ is not the father of said child.

19. Child(ren):
   19a. ❑ Plaintiff and Defendant have no children together.
   19b. ❑ The parties have _____ children together. The complete name and birthdate of each are listed as follows from the oldest to the youngest child (including adult child(ren)):

Name	Date of Birth
	(Mo/Day/Yr)
	(Mo/Day/Yr)
	(Mo/Day/Yr)
	(Mo/Day/Yr)
	(Mo/Day/Yr)
	(Mo/Day/Yr)

   19c. ❑ There is/are child(ren) conceived during the marriage fathered by someone other than husband . Their name(s) and date of birth is/are listed as follows:

Name	Date of Birth	Judgment of Paternity entered	
	(Mo/Day/Yr)	❑ Yes	❑ No
	(Mo/Day/Yr)	❑ Yes	❑ No

20. Prior or Pending Custody Proceedings:
   20a. ❑ I have not participated in any capacity in any law suit or proceeding in any state concerning custody of any of the minor children 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 children of the Plaintiiff and Defendant together.
   20b. ❑ Prior court case involving the subject children:
   Case Name: _____
   Case Number: _____
   Location of Court: _____
   Date Filed: (Mo/Day/Yr) _____
   Date Concluded: (Mo/Day/Yr) _____
   Type of Case: _____
   20c. ❑ Other court case involving the subject children which is still pending:
   Case Name: _____
   Case Number: _____
   Location of Court: _____
   Date Filed: (Mo/Day/Yr) _____
   Date Concluded: (Mo/Day/Yr) _____
   Type of Case: _____

STATE OF HAWAI'I FAMILY COURT THIRD CIRCUIT	AFFIDAVIT OF PLAINTIFF (FOR UNCONTESTED DIVORCE) PAGE FOUR	CASE NUMBER FC-D NO.

21. ❑ Plaintiff agrees to the custody arrangement and child support amounts as provided in the proposed 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 proposed child support is consistent with the Child Support Guidelines Worksheet.

22b. ❑ Proposed child support varies from the Child Support Guidelines Worksheet because of the following exceptional circumstances: _____

23. Kids First:

23a. ❑ I attended _____ on _____ . (Mo/Day/Yr)

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 complete to the best of his/her knowledge and belief.

PLAINTIFF'S SIGNATURE

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE: IN_____, Hawai'i	NOTARY PUBLIC'S SIGNATURE STATE OF HAWAI'I	MY COMMISSION EXPIRES:

STATE OF HAWAI'I FAMILY COURT THIRD CIRCUIT	DIVORCE DECREE (With Children)	CASE NUMBER FC-D NO.

_____
PLAINTIFF
(Full Name)

VS.

_____
DEFENDANT
(Full Name)

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

Name

Address

City, State, Zip

Phone

Presiding Judge	Date of Hearing/Review by Judge

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. In this Divorce Decree, Plaintiff is referred to as ❑ Husband ❑ Wife, and Defendant is referred to as ❑ Husband ❑ Wife.

IT IS HEREBY ORDERED, ADJUDGED AND DECREED that:

1. **Decree:** A decree of divorce is granted to ❑Husband ❑Wife. The bonds of matrimony between Husband and Wife are here by 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 the _____ day of _____ (Month/Year)
   ❑ Husband ❑Wife shall pay to ❑Husband ❑Wife alimony of $ _____ per month, to be paid
   ❑ in one amount of $_____by the _____ day of each month.
   ❑ in two equal installments of $_____ by the _____ and _____ days of each month.
   Alimony shall continue for ____ months and terminate with the payment due _____ (Mo/Day/Yr) .
   Alimony shall terminate upon the death of either Husband or Wife.
   Alimony ❑ shall ❑ shall not terminate upon the recipient's remarriage.

4. The parties have _____ child(ren) together:

Name (first, middle, last)	Date of Birth

5. **Custody:**
   5A. Legal Custody of the above-named minor child(ren) is:
   ❑ Awarded to Husband
   ❑ Awarded to Wife
   ❑ Awarded to Husband and Wife, jointly.
   ❑ Reserved for a court of competent jurisdiction.

Reset Names

Reset Form

5B. Physical Custody of the above-named minor child(ren) is:

❑ Awarded to Husband with a detailed visitation/time sharing schedule to Wife as described in paragraph 6.
❑ Awarded to Wife with a detailed visitation/time sharing schedule to Husband as described paragraph 6.
❑ Awarded to Husband and Wife, jointly, with a visitation/time sharing schedule as described in paragraph 6B below.
❑ Reserved for a court of competent jurisdiction.

6. Visitation/Time Sharing Schedule shall be as follows:

❑ 6A. The parties shall arrange reasonable visitation.
❑ 6B. Visitation/time sharing schedule shall be as follows: _____

_____ .

❑ 6C. Supervised visitation: _____

_____ .

❑ 6D. There shall be no visitation until further order of the Family Court.

7. ❑ Unless specified in paragraph 24 of this decree, Husband and Wife shall keep each other informed of his/her residence address and telephone number for so long as any child of the parties is a minor and for so long thereafter as there is a support order.

8. Child Support:

❑ 8A. Beginning with the first payment on the _____ day of_____, Husband shall pay to Wife for the support of the parties' child(ren) $ _____ per child, for a total of $ _____ per month.
❑ 8B. Beginning with the first payment on the_____ day of_____, Wife shall pay to Husband for the support of the parties' child(ren) $ _____ per child, for a total of $ _____ per month.
❑ 8C. Child support is reserved for a court of competent jurisdiction.
❑ 8D. Payments of child support shall continue for each child until the child attains the age of eighteen years, or graduates from high school, or discontinues high school, whichever occurs last. Child support shall further continue uninterrupted (including during regular school vacation periods) until the age of 23 as long as the child continues his or her education post-high school on a full-time basis at an accredited college or university or in a vocational or trade school.
❑ 8E. The Child Support Enforcement Agency (CSEA) is made a party for the limited issue of child support.

9. Method of Child Support Payment (Check either 9a **OR** 9b):

❑ 9A. All payments shall be made payable to and through the Child Support Enforcement Agency (CSEA), P.O. Box 1860, Honolulu, Hawai'i 96805-1860, and pursuant to the Order of IncomeWithholding which shall be filed with this decree.
❑ 9B. Direct Payment

❑ Child support payments shall be paid by Husband directly to Wife.
❑ Child support payments shall be paid by Wife directly to Husband.

❑ In all direct payment cases, either Husband or Wife may void the direct payment arrangement at any time and apply for services from the CSEA to receive payments through the agency. If the child(ren) of the parties receive(s) public assistance from the Department of Human Services, foster care payments or Social Security or if either parent applies to the CSEA, CSEA may immediately void a direct payment arrangement by sending notice by regular mail to both parents at their last known addresses as set forth in this Divorce Decree.

10. Post-High School Education Support:

❑10A. Husband shall pay ____% and Wife shall pay ____% of the educational expenses of the child(ren) for so long as the child(ren) is/are a full-time student at an accredited college or university or vocational or trade school and under the age of 23.

❑ 10B. For payment of expenses related to the child(ren) attending private school see paragraph 24 below.

❑ 10C. For these purposes, educational expenses shall be defined to include tuition, fees and the costs of necessary books and other course materials.

11. Child Health Care: For so long as Husband or Wife has an obligation to pay child support and/or educational support:

❑ 11A. Husband shall maintain medical and dental insurance for the benefit of the child(ren).

❑ 11B. Wife shall maintain medical and dental insurance for the benefit of the child(ren).

❑ 11C. Husband shall pay the medical and dental expenses of the child(ren) not paid by insurance up to $_____ per calendar year. Any additional medical and dental expenses not covered by insurance shall be paid ____ % by Husband and ____ % by Wife.

❑ 11D. Wife shall pay the medical and dental expenses of the child(ren) not paid by insurance up to $_____ per calendar year. Any additional medical and dental expenses not covered by insurance shall be paid ____ % by Husband and ____ % by Wife.

12. Life Insurance for the Benefit of Child(ren):

❑ 12A. Husband shall maintain life insurance on his life with a minimum death benefit of $ _____ for the benefit of the child(ren) so long as there is a child support and/or educational support obligation.

❑ 12B. Wife shall maintain life insurance on her life with a minimum death benefit of $ _____ for the benefit of the child(ren) so long as there is a child support and/or educational support obligation.

❑ 12C. If Husband or Wife dies without the required insurance, Husband's or Wife's estate shall be liable to the child(ren) to the extent that the required insurance was not maintained. Such obligation on the part of Husband's or Wife's estate shall be accorded the highest possible priority.

13. ❑ All provisions in paragraphs 3, 5, 6, 7, 8, 9, 10, 11 and 12 are subject to further order of the court.

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

❑ 14A. There are none.

❑ 14B. Each is awarded those titled in their name alone.

❑ 14C. Husband is awarded: _____ .

❑ 14D. Wife is awarded: _____ .

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

❑ 15A. There are none.

❑ 15B. Each party is awarded the vehicles titled in their name alone.

❑ 15C. Husband is awarded: _____ .

❑ 15D. Wife is awarded: _____ .

❑ 15E. Necessary transfer documents shall be signed no later than ten days following the filing of this Divorce Decree. If either party fails to do so, the Director of Finance of the County of Hawai'i is authorized and directed to transfer the ownership of vehicle(s) if requested to do so.

16. Real Property:

❑16A. Neither party owns any interest of any kind in any real property.

❑16B. The real property shall be divided as follows: _____

_____

_____

_____

_____

_____ .

17. Life Insurance:

❑17A. There is none.

❑17B. Each party is awarded the life insurance policy(ies) now held on his/her life, together with any cash value therein and subject to any debt thereon.

❑17C. The life insurance shall be divided as follows: _____

_____

_____

_____ .

18. Retirement Accounts/Benefits:

❑18A. There are none.

❑18B. Each party shall keep their own.

❑18C. The retirement accounts/benefits of the parties shall be divided as follows: _____

_____

_____

_____

_____

_____ .

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

❑19A. Each party is awarded the personal belongings and the household effects in his/her possession.

❑19B. Husband is awarded: _____

_____

_____

_____ .

❑19C. Wife is awarded: _____

_____

_____

_____ .

20. All Outstanding Debts:

❑20A. Each party shall pay all of the credit card and other debt, if any, now in his/her name alone.

❑20B. There are no joint debts.

❑20C. Husband shall pay: _____

_____

_____ .

❑20D. Wife shall pay: _____

_____

_____ .

21. Name Change:

❑21A. Wife shall resume the use of her ❑ birth surname ❑ former married name and shall be known hereafter as

(first, middle, last name) _____ .

❑21B. Husband shall resume the use of his ❑ birth surname ❑ former married name and shall be known hereafter as

(first, middle, last name) _____ .

22. ❑ There is a supplemental order filed concurrently with this Divorce Decree.

23. ❑ **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 done 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.

24. Other:

Date	Judge

APPROVED AS TO FORM AND CONTENT:

X _____
Signature of Plaintiff
SS#: _____
Address: _____
_____
Employer's Name and Address: _____
_____
_____
Date Plaintiff Signed Decree: _____

X _____
Signature of Defendant
SS# _____
Address: _____
_____
Employer's Name and Address: _____
_____
_____
Date Defendant Signed Decree: _____

APPROVED AS TO FORM:

X _____
Signature of Attorney for Plaintiff
Name: _____

X _____
Signature of Attorney for Defendant
Name: _____

In the Family Court of the Third Circuit

State of Hawai‘i

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

STATEMENT OF MAILING

I represent that on _____ I caused _____certified copy_____ of the Divorce Decree _____ to be mailed to _____ in accordance with the Hawai‘i Family Court Rule 97.

Dated: _____ Hawai‘i, _____

_____
Signature

Family Court of the First Circuit — THE JUDICIARY • STATE OF HAWAI'I
KAPOLEI COURT COMPLEX • 4675 KAPOLEI PARKWAY, KAPOLEI, HAWAI'I 96707-4372

Sabrina S. McKenna
SENIOR JUDGE

Edwin C. Nacino
CIRCUIT COURT JUDGE

Edward H. Kubo
CIRCUIT COURT JUDGE

District Family Judges
MICHAEL F. BRODERICK
JENNIFER L. CHING
CHRISTINE E. KURIYAMA
LINDA K.C. LUKE
PAUL T. MURAKAMI
BODE A. UALE

August 1, 2010

MEMORANDUM

TO: ALL PERSONS UTILIZING THE CHILD SUPPORT GUIDELINES

FROM: THE SENIOR FAMILY COURT JUDGES

/s/ SABRINA S. McKENNA
SABRINA S. McKENNA
Senior Judge, First Circuit

/s/ SHACKLEY F. RAFFETTO
SHACKLEY F. RAFFETTO
Senior Judge, Second Circuit

/s/ GREG K. NAKAMURA
GREG K. NAKAMURA
Senior Judge, Third Circuit

/s/ RANDAL G.B. VALENCIANO
RANDAL G.B. VALENCIANO
Senior Judge, Fifth Circuit

RE: 2010 CHILD SUPPORT GUIDELINES (***Effective August 29, 2010***)

Section 576D-7(a) of the Hawai'i Revised Statutes (2006) provides that "[T]he Family Court, in consultation with the [Child Support Enforcement] agency, shall promulgate guidelines to establish the amount of child support when an order for support is sought or being modified under this chapter."

Attached are the 2010 Hawai'i Child Support Guidelines ("Guidelines") with five (5) appendices:

Appendix A	Child Support Guidelines Worksheet
Appendix B	Extensive Time-Sharing Worksheet
Appendix C	Exceptional Circumstances Form
Appendix D	Table of Incomes
Appendix E	Checklist of Essential Information

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In consultation with Mr. Garry Kemp, Administrator of the Hawai‘i Child Support Enforcement Agency, the Family Courts of Hawai‘i have adopted the attached Guidelines. These Guidelines will be effective August 29, 2010, and will supersede all prior guidelines and amendments. These 2010 Guidelines will apply, statewide, to all divorce, paternity, and other proceedings involving child support orders entered on or after August 29, 2010, in both the Family Courts and the Office of Child Support Hearings ("OCSH"). Prior to August 29, 2010, parties may stipulate to the application of these 2010 Guidelines.

These Guidelines continue to refine the goals of all previous Guidelines by focusing on the needs of children while fairly apportioning costs between the parents and ensuring that children share in the good fortune of parents whose incomes allow them to have more than a minimum standard of living. These Guidelines also attempt to better explain and to further simplify the calculation of child support obligations.

This is a list of the major changes:

These Guidelines contain all new worksheets — Appendix A, "Child Support Guidelines Worksheet", Appendix B, "Extensive Time-Share Worksheet", and Appendix C, "Exceptional Circumstances Form". These are the first Guidelines to be promulgated with official uniform electronic worksheets, which will be available on the Judiciary website by the effective date.

The Table of Incomes, Appendix D, has been updated to reflect the 2009 Federal Poverty Guidelines ("FPG") amounts for Hawai‘i (resulting in an increase of $295 for each parent's basic self-support — this figure is the difference between the 2009 individual FPG of $1038/month and the previous 1996 individual FPG of $743/month).

A new form, Appendix E, "Checklist of Essential Information", is designed to assist Guidelines users.

The minimum child support is increased from $50 to $70 except that exceptional circumstances may apply (Guidelines, page 27 for definition of "minimum child support", page 14 for "exceptional circumstances", and Appendix C for the "Exceptional Circumstances Form").

"Joint custody" is an important statutory concept (HRS §571-46.1) designed to promote meaningful contact with both parents. However, a more quantitative method is needed to establish child support obligations. These Guidelines use "overnights" as the basic measure. Under the general heading of "extensive time-sharing", the Guidelines recognize the three major divisions of "equal time-share", "extensive time-share", and "split custody" (Guidelines, Appendix B, the "Extensive Time-Sharing Worksheet", pages 9-13 guiding the use of that Worksheet, and pages 24-25 for definitions of various types of "custody").

In response to new federal requirements, these new Guidelines (a) govern the determination of a "cash medical support" amount when there is no private health insurance, (b) set "10% of net income" as a reasonableness standard for private insurance costs, and (c) define acceptable "accessibility" to medical care (Guidelines, pages 19 and 27 define these new concepts, and pages 5-6 explains the relevant part of the Guidelines Worksheet).

There are an updated guide to determine the net income of self-employed individuals (Guidelines, pages 20 to 24 for the formula, and pages 25 to 27 for definitions of "income").

We heartily thank the following members of the Hawai'i Child Support Guidelines Task Force who have been working on these Guidelines since statutorily mandated review began in 2008:

Judge Aley K. Auna, Jr., Family District Court Judge, Third Circuit, Hawai'i
Stephen P. Duck, Esq., Supervising Attorney, Family Law Unit, Legal Aid Society of Hawai'i
Judge Kenneth E. Enright (retired), former Family District Court Judge, First Circuit, O'ahu
Geraldine N. Hasegawa, Esq., Deputy Attorney General, Supervisor, Hawai'i Family Support Unit, Family Law Division.
Susan Y. Jong, Esq., Family Court, Court Research Analyst, First Circuit
Rhoda Ann N. Kealoha-Spencer, Esq., Family Court, Law Clerk, First Circuit
Garry L. Kemp, Administrator, Child Support Enforcement Agency
Ronald D.S. Lau, Esq., private practice
Michael T. McEnerney, MBA, JD, CPA/ABV/CFF, ASA, CVA, President of McEnerney, Shimabukuro, Okazaki, & Fujita CPAs, AAC
Rosemary McShane, Esq., Deputy Attorney General, Supervisor, O'ahu Family Support Unit, Family Law Division
Judge Paul T. Murakami, Family District Court Judge, First Circuit, O'ahu
Judge Calvin K. Murashige, Family District Court Judge, Fifth Circuit, Kaua'i
Elizabeth Paek, Esq., private practice, volunteer Law Clerk and staff for Task Force for the Chambers of the Senior Family Court Judge of the First Circuit
John W. Schmidtke, Jr., Esq., private practice, Chair of the Executive Committee of the Task Force
Owen K. Tamamoto, Esq., Supervisor, Office of Child Support Hearings, Department of the Attorney General
Judge Keith E. Tanaka, Family District Court Judge, Second Circuit, Maui
Judge Frances Q.F. Wong (retired), Chair of the Task Force, former Deputy Chief Judge and Senior Family Court Judge, First Circuit, O'ahu
Keith M. Yamanaka, Esq., Staff Attorney and Supervisor, CSEA Administrative Processing Branch and Assistant Administrator in Charge of Policy, Department. of the Attorney General

Child support is a complex area that is made all the more complicated because of the infinitely variable fact patterns presented to the Family Courts and the OCSH. Each succeeding set of Guidelines has been an improvement and we hope this set similarly will be an improvement. Your feedback is welcomed; please send your comments to the chambers of the Senior Family Court Judge of the First Circuit on O'ahu.

Thank you.

HAWAI‘I

CHILD SUPPORT GUIDELINES

2010

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APPENDIX B EXTENSIVE TIME-SHARING WORKSHEET
APPENDIX C EXCEPTIONAL CIRCUMSTANCES FORM
APPENDIX D TABLE OF INCOMES
APPENDIX E CHECKLIST OF ESSENTIAL INFORMATION

THE 2010 HAWAIʻI CHILD SUPPORT GUIDELINES

I. INTRODUCTION

State law requires the Hawaiʻi Family Courts ("Court"), the Child Support Enforcement Agency ("CSEA") and the Office of Child Support Hearings ("OCSH") to follow these Guidelines when calculating monthly child support.[1] Under Hawaiʻi law, both parents have a duty to support their child(ren). Child support orders may be (a) obtained any time during a physical separation, and (b) established, modified, terminated or enforced through the Court, CSEA or OCSH.[2] The Hawaiʻi Child Support Guidelines ("Guidelines") are used in every child support case over which the Court, CSEA and OCSH have jurisdiction to ensure that the amount is fair. They consider both parents' incomes and the needs of the child in arriving at a monthly amount, and are based on the following principles:

- Each parent is entitled to keep sufficient income for their basic needs and to facilitate continued employment.
- Each child's basic needs are taken care of before the parents may retain any additional income.
- When calculating the basic needs of the child, these Guidelines also consider child care and the child's health insurance expenses.
- If income is available after the primary needs of the parents and each child are met, the child is entitled to share in any additional income of the parents so they can benefit from the absent parent's higher standard of living.

Since the original Guidelines were authorized by law, they remain a fair and equitable approach to determine child support obligations. They comport with federal law as well as Hawaiʻi statutory and case law, and focus on the best interest of the child. The Court, in consultation with CSEA, update the Guidelines at least once every four (4) years to reflect current economic data relevant to the cost of raising children.[3]

These Guidelines provide a standard method for determining child support while allowing for variations based on the specific circumstances of each family.

II. CHILD SUPPORT GUIDELINES WORKSHEET (steps to calculate child support). The calculation of child support using the Worksheet (Appendix A) is described below. A fully automated Worksheet is available at the Judiciary's website (http://www.courts.state.hi.us).

A. BASIC CALCULATIONS OF CHILD SUPPORT. Follow the steps described below to complete the Worksheet.

1. PARENTS' INCOMES

Line 1(A): Enter the Monthly Gross Income for Father (see §IV.I.1.).

Line 1(B): Enter the Monthly Gross Income for Mother (see §IV.I.1.).

Line 2(A): Enter the Monthly Net Income for Father from the Table of Incomes (Appendix D) [for parents with gross incomes over $13,000 per month (see §§III.E. and III.F.)].

Line 2(B): Enter the Monthly Net Income for Mother from the Table of Incomes [for parents with incomes over $13,000 per month (see §§III.E. and III.F.)].

Line 2(C) Add Lines 2(A) and 2(B) to compute Line 2(C)--total monthly Net Income available to both parents per month.

Line 3(A): Divide Father's Monthly Net Income from Line 2(A) by the total monthly Net Income on Line 2(C) and multiply by 100 to get the percentage. Round to the nearest whole percent.

Line 3(B): Divide Mother's Monthly Net Income from Line 2(B) by the total monthly Net Income on Line 2(C) and multiply by 100 to get the percentage. Round to the nearest whole percent.

EXAMPLE #1 – PARENTS' INCOMES:

Father's total gross income from all sources is $2,500.

Mother's total gross income from all sources is $2,000.

PARENTS' INCOMES	FATHER (A)		MOTHER (B)		TOTAL (C)
1. Monthly Gross Income from all sources	$2,500		$2,000		
2. Monthly Net Income (from Table of Incomes)	$992	+	$644	=	$1,636
3. Percentage of Total Net Income on Line 2 from each parent	61% [Line 2(A) ÷2(C)] x 100		39% [Line 2(B) ÷2(C)] x 100		*Round to nearest %*

Use the Table of Incomes to determine the monthly net income.

The Net Income Percentage for Father is 61%.

The Net Income Percentage for Mother is 39%.

2. CHILD SUPPORT NEED

Line 4: Enter the number of child(ren) for which child support is being calculated and multiply by $360 (child's need based on federal poverty level guidelines for Hawai'i) (see §IV.E.2.).

Line 5: Enter the reasonable child care expenses actually paid by a parent and needed to allow the custodial parent(s) to work or attend vocational education or training (see §IV.D.).

Line 6: Enter the cost for the child(ren)'s health insurance premiums actually paid or enter the cash medical amount that one parent has been separately ordered to pay (see §§III.D. & IV.K.).

Line 7: Add Lines 4, 5, and 6 to calculate the primary child support need of the child(ren) per month (see §IV.Q.).

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EXAMPLE #2 – CHILD SUPPORT NEED:

Mother and Father have two (2) children.

Father pays his employer $300 per month for medical/dental insurance to cover himself and the children (family plan). The cost to cover himself alone is $100. Therefore, the additional amount he pays to add the children to his family plan is $200.

CHILD SUPPORT NEED				TOTAL (C)
4. Base Primary Support: ($360) x	2	(# of children)	=	$720
5. Plus Monthly Child Care Expense (to allow custodial parent to work or attend voc. ed. or training)			+	$400
6. Plus Monthly Health Insurance Expense (for the child(ren) and paid by parents). If no insurance, use State Cash Medical support amount (10% of Net Income on Line	$99	$64	+	$200
7. PRIMARY CHILD SUPPORT NEED (add Lines 4, 5 & 6)			=	$1,320

Where private health insurance is not available to either parent or is not reasonable in cost or accessible to the child(ren), one parent (usually the parent who will be ordered to pay child support) shall be ordered to make cash medical support payments of ten percent (10%) of the parent's net income as determined by the Table of Incomes. See §§III.D. & IV.K.1.

The total Primary Child Support Need is $1,320. Enter this amount on Line 9. See Example #3.

3. **STANDARD OF LIVING ADJUSTMENT (SOLA)**

Line 8(A): Enter the Father's SOLA Income from the Table of Incomes (for parents with gross incomes over $13,000 per month (see §§III.E. & III.F.).

Line 8(B): Enter the Mother's SOLA Income from the Table of Incomes (for parents with gross incomes over $13,000 per month (see §§III.E. & III.F.).

Line 8(C): Add Lines 8(A) and 8(B) to obtain Line 8(C).

Line 9: Enter the Primary Child Support Need from Line 7.

Line 10: Subtract Line 9 from Line 8(C) to calculate the Parents' Remaining SOLA Income. If Line 9 is greater than Line 8(C), enter zero. This is the amount of the available SOLA income over the child(ren)'s primary child support need.

Line 11: Multiply the number of child(ren) by 10%, up to a 30% maximum. For example, 1 child = 10%; 2 children = 20%; 3 children = 30%; 4 children = 30% (see §IV.E.2.).

Line 12: Multiply the Parents' Remaining SOLA Income from Line 10 by the percentage on Line 11 to obtain the SOLA Amount for the child(ren) (see §IV.S.).

4. **CHILD SUPPORT CALCULATION**

Line 13: Add Line 7 and Line 12.

EXAMPLE #3 – SOLA:

Based on Father's gross monthly income of $2,500, his SOLA income from the Table of Incomes is $1,412.

Based on Mother's gross monthly income of $2,000, her SOLA income from the Table of Incomes is $912.

Parents total SOLA income is $2,324.

Enter the Primary Child Support Need from Line 7 ($1,320) and deduct it from the total Parent's SOLA income from Line 8.

STANDARD OF LIVING ADJUSTMENT	FATHER (A)		MOTHER (B)		TOTAL (C)
8. Parent's SOLA income (from Table of Incomes)	$1,412	+	$912	=	$2,324
9. Less PRIMARY CHILD SUPPORT NEED (copy from Line 7)				-	$1,320
10. Parents' Remaining SOLA income (Line 8(c) - Line 9; but if result is negative enter 0)				=	$1,004
11. SOLA Percentage (10% per child, up to 30% maximum)				x	20%
12. SOLA Amount (Line 10 x Line 11)				=	$201
13. CHILD SUPPORT CALCULATION (Line 7 + Line 12)				=	$1,521

There are two (2) children so the SOLA Percentage is 20%, and the additional SOLA amount to be shared with the children is $201 (Line 10 x Line 11).

Add the SOLA amount from Line 12 ($201) to the Primary Child Support Need from Line 9 ($1,320) = $1,521 to calculate child

5. CHILD SUPPORT OBLIGATIONS/CREDITS

Line 14(A): Multiply Line 13 by Line 3(A) to obtain the Total Support Obligation for Father. Minimum or maximum Total Support Obligations may apply (see §§IV.J. & IV.L.).

Line 14(B): Multiply Line 13 by Line 3(B) to obtain the Total Support Obligation for Mother. Minimum or maximum Total Support Obligations may apply (see §§IV.J. & IV.L.).

Line 15(A): Enter the child care expenses actually paid by Father from Line 2 (see §IV.D.).

Line 15(B): Enter the child care expenses actually paid by Mother from Line 2 (see §IV.D.).

Line 16(A): Enter the cost for the child(ren)'s health insurance premiums actually paid by Father (see §§IV.K.2.). If Father is separately ordered to make a cash medical support payment in lieu of providing health insurance coverage, enter the amount ordered on this line (see §III.D. & IV.K.1.).

Line 16(B): Enter the cost for the child(ren)'s health insurance premiums actually paid by Mother (see §§IV.K.2.). If Mother is separately ordered to make a cash medical support payment in lieu of providing health insurance coverage, enter the amount ordered on this line (see §III.D. & IV.K.1.).

Line 17(A): For Father, subtract Line 15(A) and Line 16(A) from Line 14(A) to calculate the Remaining Child Support Obligation After Credits. This line indicates the remaining child support obligation of Father rounded to the nearest dollar. If Father is the non-custodial parent, he must pay to Mother the amount set forth on Line 17(A), unless there are exceptional circumstances.

Line 17(B): For Mother, subtract Line 15(B) and 16(B) from Line 14(B) to calculate the Remaining Child Support Obligation After Credits. This line indicates the remaining child support obligation of each parent rounded to the nearest dollar. If Mother is the non-custodial parent, she must pay to Father the amount set forth on Line 17(B), unless there are exceptional circumstances.

EXAMPLE #4 – CHILD SUPPORT OBLIGATIONS/CREDITS:

The Child Support Calculation from Line 13 is $1,521. Father's percentage share from Line 3(A) is 61%. ($1,521 x 61% = $928).

The Child Support Calculation from Line 13 is $1,521. Mother's percentage share from Line 3(B) is 39%. ($1,521 x 39% = $593).

CHILD SUPPORT OBLIGATIONS / CREDITS	FATHER (A)	MOTHER (B)
14. Total Support Obligation for each parent (Line 13 x % in Line 3). *Minimum: $70 per child. Maximum: The Total Support Obligation for a parent should not exceed that parent's Net Income on Line 2, if the Net Income exceeds $70 per child.*	$928	$593
15. Credit for Child Care Expense (for parent who pays) . . . . . -		- $400
16. Credit for Health Ins./Cash Medical amount (for parent who pays)	$200	
17. REMAINING CHILD SUPPORT OBLIGATION AFTER CREDITS . =	$728	$193 *(round to nearest dollar)*

70% of Net Income:
Father:
$694
Mother:
$451

Father pays $200 per month for health insurance to cover the children noted in Line 6 above, and receives a credit for this payment that is subtracted from his Total Support Obligation.

Father's Remaining Child Support Obligation After Credits is $728. This is the presumptive monthly child support amount that Father pays if Mother has sole physical custody.

Mother's Remaining Child Support Obligation After Credits is $193. This is the presumptive monthly child support amount that Mother pays if Father has sole physical custody.

Mother pays $400 per month for childcare noted in Line 5 above, and receives a credit for this payment that is subtracted from her Total Support Obligation.

6. **SUMMARY OF CHILD SUPPORT PAYMENTS**. Check the boxes to show which parent will pay child support to the other. Enter the amount of child support per child per month and the amount of total child support to be paid per month. Check the boxes to show which parent is responsible for the payment of child care and health insurance costs.

EXAMPLE #5 – SUMMARY OF CHILD SUPPORT PAYMENTS:

Mother has sole physical custody of the children. Enter an "X" on Father's line.

Since Father is the non-custodial parent, he pays the amount from Line 17 ($728) for two (2) children. Enter amount here.

Since the total child support amount for two (2) children is $728, enter the amount for each child ($728 ÷ 2 = $364).

SUMMARY OF CHILD SUPPORT PAYMENTS

___ Mother X Father pays monthly child support of $728 to other parent, $364.00 per child per mo.

___ Mother X Father pays health ins./cash medical. X Mother ___ Father pays child care expense.

Father pays medical/dental insurance noted in Lines 6 and 16 above of $400 per month. Enter an "X" on Father's line.

Mother pays child care expenses noted in Lines 5 and 15 above of $200 per month. Enter an "X" on Mother's line.

7. **CERTIFICATION**. Sign and date the certification at the bottom of the page.

EXAMPLE #6 - CERTIFICATION:

__ Extensive Time-sharing Worksheet attached. __ Exceptional Circumstances Form attached. **CERTIFICATION**: I hereby declare, under penalty of perjury, that I have examined this worksheet, and any attached worksheets, and to the best of my knowledge and belief the information provided is true, correct and complete. Father _____ Date _____ Mother _____ Date _____	*For Court Use Only*

B. ATTACHMENTS. If extensive time-sharing or Exceptional Circumstances apply in your case, check the appropriate line using an "X."

EXAMPLE #7 - ATTACHMENTS:

Enter an "X" if the Extensive Time-Sharing Worksheet is attached.

Enter an "X" if the Exceptional Circumstance Form is attached.

X Extensive Time-sharing Worksheet attached. X Exceptional Circumstances Form attached. **CERTIFICATION**: I hereby declare, under penalty of perjury, that I have examined this worksheet, and any attached worksheets, and to the best of my knowledge and belief the information provided is true, correct and complete. Father _____ Date _____ Mother _____ Date _____	*For Court Use Only*

1. **EXTENSIVE TIME-SHARING WORKSHEET**. If the parents share approximately equal time, the non-custodial parent has extensive visitation, or there are two (2) or more children and each parent will have sole physical custody of one (1) or more of the children, then enter an "X" on the Worksheet and complete the Extensive Time-Sharing Worksheet (see §§IV.G.1, 2 & 5). A fully automated Worksheet is available at the Judiciary's website (http://www.courts.state.hi.us).

   a. **EQUAL TIME-SHARING CALCULATION (LINES 18 THROUGH 21):** Where parents have equal time-sharing on an approximately equal basis, each will be considered to have the child(ren) for six (6) months during the year (see §IV.G.1.). In such cases, prepare the Equal Time-Sharing Worksheet to determine the child support to be paid by each parent (Line 17 of the Worksheet). To avoid unnecessary transfer of funds, the "payout" of each parent for the year is determined by multiplying the monthly support obligation of each parent by six (6) months. If one parent's total child support obligation is greater than that owed by the other, the excess amount is divided by 12 and paid monthly over the course of the year to the other parent.

   Line 18(A): Enter the support for Father from Line 17(A) of the Worksheet. If the support is less than $70 per child, then enter $70 multiplied by the total number of children.

   Line 18(B): Enter the support for Mother from Line 17(B) of the Worksheet. If the support is less than $70 per child, then enter $70 multiplied by the total number of children.

Line 19(A): Multiply Line 18(A) by 6 months for Father's Yearly Support Obligation under Equal Time-Sharing.

Line 19(B): Multiply Line 18(B) by 6 months for Mother's Yearly Support Obligation under Equal Time-Sharing.

Line 20: Calculate the difference between Lines 19(A) and 19(B). Subtract the smaller amount from the larger amount.

Line 21 Divide Line 20(C) by 12 months to obtain the monthly child support to be paid by the parent with the larger child support obligation. Enter the monthly child support amount rounded to the nearest dollar.

EXAMPLE #8 – EQUAL TIME-SHARING CALCULATION:

Father's remaining child support obligation after credits from Line 17 is $728. Multiply it by 6 months ($728 x 6). Mother's is $1,158 ($193 x 6).

Father's yearly support obligation under equal time-sharing is higher than Mother. Subtract Mother's obligation of $1,158 [Line 19(B)] from Father's of $4,368 [Line 19(A)] and enter the difference on Line 20 ($4,368 - $1,158 = $3,210).

EQUAL TIME-SHARING CALCULATION				
LINE		FATHER (A)	MOTHER (B)	(C)
18	CSGW LINE 17 MONTHLY SUPPORT AMOUNT for each parent	$728	$193	
19	YEARLY SUPPORT OBLIGATION UNDER EQUAL TIME-SHARING [Line 18(A) x 6 months] and [Line 18(B) x 6 months]	$4,368	$1,158	
20	Difference between lines 19(A) and 19(B) [larger amount - lesser amount]			$3,210
21	EQUAL TIME-SHARING CHILD SUPPORT [Line 20(C) ÷ 12] Enter result in column for parent with larger support obligation on Lines 18 & 19.	$268		*Round to nearest dollar.*

Divide Line 20 by 12 months ($3,210 ÷ 12 = $267.50). Father's yearly support obligation under equal time-sharing on Line 19(A) is higher than Mother's on Line 19(B). Therefore, Father pays Mother $268 (round to nearest dollar) per month.

b. **EXTENSIVE TIME-SHARING CALCULATION (LINES 22 THROUGH 29):** For visitation more than 143 overnights per year, but less than approximately 183, complete Lines 22 through 29 (see §IV.G.2.).

Line 22: Enter the number of overnights for only the parent with fewer overnights.

Line 23: Enter the support obligation as listed on Line 23 of this form for the parent with fewer overnights.

Line 24: Enter the child support obligation calculated for equal time-sharing from Line 21(A) or 21(B).

Line 25: If the parent with fewer overnights is also the paying parent in the equal time-sharing calculation, **subtract** the equal timesharing child support (Line 24) from the monthly basic support (Line 23). This will determine the difference between the monthly basic support obligation and the monthly equal time-sharing support obligation.

In some situations, where the parent with more overnights has the higher income and therefore a higher child support obligation under an equal time-sharing child support calculation (Line 21 of the Extensive Time-Sharing Worksheet) than the other parent, the parent with more overnights may be required to pay child support. If the parent paying basic child support in Line 23 is different from the parent paying child support under an equal time-sharing arrangement in Line 24, **add** Lines 23 and 24.

EXAMPLE #9 – EXTENSIVE TIME-SHARING CALCULATION:

Father has 160 overnights with the children per year (which is over 143 but less than 183). Therefore, enter the number of overnight visits of 160 on Line 22(A).

Mother has sole physical custody of the children. Leave Line 22(B) blank. Father has extensive visitation.

Father has extensive visitation. Enter Father's support obligation of $728 from Line 17(A) above on Line 23.

EXTENSIVE TIME-SHARING CALCULATION				
IF BOTH PARENTS HAVE **MORE THAN 143 OVERNIGHT VISITS** PER YEAR COMPLETE LINES 22 - 29 BELOW.				
		FATHER (A)	MOTHER (B)	(C)
22	NUMBER OF OVERNIGHT VISITS for only the parent with fewer overnights.	160		
23	CSGW LINE 17 SUPPORT AMOUNT for the parent with fewer overnight visits.			$728
24	EQUAL TIME-SHARING SUPPORT. Enter the amount from Line 21 above.			$268
25	DIFFERENCE BETWEEN REGULAR & EQUAL TIME-SHARING SUPPORT: If the child support obligations in Lines 23 and 24 are for the same parent, then subtract Line 24 from Line 23. [Line 23 - Line 24] If the child support obligations in Lines 23 and 24 are for different parents, then add Lines 23 and 24. [Line 23 + Line 24]			$460

Under equal time-sharing Father would pay $268 from Line 21(A). Enter this amount on Line 24.

Lines 23 and 24 are both Father's obligations. Since they are for the same parent, subtract Lines 24 from Line 23 ($728 - $268 = $460).

Line 26: Divide Line 25 by 40 overnight days (the difference in the number of days between 143 overnights of extensive visitation and 183 overnights of equal time-sharing) to calculate the Adjustment Rate.

Line 27: Enter the number of overnights over 143 (e.g. for 163 overnights of visitation per year, enter "20" on Line 27).

Line 28: Multiply Adjustment Rate (Line 26) by the number of overnights over 143 (Line 27) to obtain the credit for the extensive visitation.

Line 29: Subtract Line 28 from Line 23 to adjust normal support for the additional overnights. The total on Line 29 is the monthly support to be paid under extensive visitation, rounded to the nearest dollar.

EXAMPLE #9 (continued):

Divide the amount on Line 25 above ($460) by 40 to calculate the Adjustment Rate ($460 ÷ 40 = $11.50). Enter $11.50 on Line 26.

Father has 160 overnights. Subtract 143 from 160 (160 – 143 = 17). Father has 17 overnights above 143. Enter 17 on Line 27.

26	ADJUSTMENT RATE (for each night over 143 nights) [Line 25 ÷ 40]		$11.50
27	NUMBER OF OVERNIGHTS EXCEEDING 143 PER YEAR. [Line 22 - 143]	x	17
28	CREDIT FOR NIGHTS EXCEEDING REGULAR SUPPORT [Line 26 x Line 27]	=	$196
29	EXTENSIVE TIME-SHARING CHILD SUPPORT for the parent with fewer overnight visits. [Line 23 - Line 28]		$532

Round to nearest dollar.

Multiply the Adjustment Rate of $11.50 by Father's overnights above 143 of 17 ($11.50 x 17 = $195.50). Round up to the nearest dollar ($196). Enter this amount on Line 28.

Father's regular child support amount on Line 23 above is $728. Subtract the "Credit for Nights Exceeding Normal Support" on Line 28 from Line 23 ($728 - $196 = $532). Enter $532 on Line 29. Father pays Mother $532 per month because he has the children 17 overnights more than 143 per year.

c. **SPLIT CUSTODY CALCULATION:** If the two parents "split" custody of their child(ren), with Mother having sole physical custody of one or more of the children and Father having sole physical custody of the remaining child(ren), use the Split Custody Calculation regarding the children in each individual household (see §IV.G.6.). To avoid unnecessary transfers of funds, the amounts payable by each parent to the other shall be offset with a net amount to be paid by the parent having the greater child support obligation.

Designate the number of children with Father and the number of children with Mother.

Line 30(A): Enter Father's support obligation as listed on Line 17(A) above.

Line 30(B): Enter Mother's support obligation as listed on Line 17(B) above.

Line 31: Enter the total number of children in this case as listed on Line 4 of the Worksheet.

Line 32(A): Divide Father's support obligation in Line 30(A) by the number of children listed in Line 4.

Line 32(B): Divide Mother's support obligation in Line 30(B) by the number of children listed in Line 4.

Line 33(A): Enter the number of children with Father.

Line 33(B): Enter the number of children with Mother.

Line 34(A): Multiply Father's support per child from Line 32(A) by the number of children with Mother in Line 33(B).

Line 34(B): Multiply Mother's support per child from Line 32(B) by the number of children with Father in Line 33(A).

Line 35: Subtract the smaller amount in Line 34 from the larger amount. Enter the difference in the column of the parent with the larger amount on Line 34 to calculate the amount of child support that one parent needs to pay the other parent in a split custody arrangement.

EXAMPLE #10 – SPLIT CUSTODY CALCULATION:

The parents have three (3) children. Father has sole physical custody of one (1) child, and Mother has sole physical custody of two (2) children. Enter the total number of children in this case on Line 31.

Enter Father's support amount from Line 17(A) above and Mother's support amount from Line 17(B) above.

SPLIT CUSTODY CALCULATION				
Number of children with Father: 1	Number of children with Mother: 2	FATHER (A)	MOTHER (B)	(C)
30	CSGW LINE 17 MONTHLY SUPPORT AMOUNT for each parent	$792	$244	
31	TOTAL NUMBER OF CHILDREN IN THIS CASE [from CSGW Line 4]			3

EXAMPLE #11 – SPLIT CUSTODY CALCULATION:

Under a split custody arrangement, Father's support amount for one (1) of the children is calculated by taking his support for all three (3) children from Line 30 ($792) and dividing it by the total number of children ($792 ÷ 3 = $264).

Under a split custody arrangement, Mother's support amount for two (2) of the children is calculated by taking her support for all three (3) children from Line 30 ($244) and dividing it by the total number of children ($244 ÷ 3 = $81.33).

SPLIT CUSTODY CALCULATION				
Number of children with Father: 1	Number of children with Mother: 2	FATHER (A)	MOTHER (B)	(C)
30	CSGW LINE 17 MONTHLY SUPPORT AMOUNT for each parent	$792	$244	
31	TOTAL NUMBER OF CHILDREN IN THIS CASE [from CSGW Line 4]			3
32	EACH PARENT'S SUPPORT PER CHILD [Line 30 ÷ Line 31]	$264.00	$81.33	
33	NUMBER OF CHILDREN EACH PARENT IS OBLIGATED TO PAY SUPPORT FOR (the number of children with the other parent)	2	1	
34	SUPPORT OBLIGATION OF EACH PARENT [Line 32 x Line 33]	$528.00	$81.33	
35	REMAINING SUPPORT OBLIGATION AFTER OFFSET Subtract the smaller amount in Line 34 from the larger amount; enter the result in the column of the parent with the larger amount on Line 34.	$447		*Round to nearest dollar.*

Since Father has custody of one (1) child, he is obligated to support his two (2) other children in Mother's custody. Enter "2" for Father on Line 33.

Since Mother has custody of two (2) children, she is obligated to support her one (1) other child in Father's custody. Enter "1" for Mother on Line 33.

Under split custody, Father's support amount for two (2) children is calculated by taking his support for each child ($264) multiplied by two (2) children ($264 x 2 = $528). Mother's support amount for one (1) child is multiplied by her support for each child ($81.33) times one (1) child ($81.33 x 1 = $81.33).

Mother's obligation of $81.33 from Line 34(B) is smaller than Father's of $528 from Line 34(A). Subtract Mother's obligation from Father's ($528 - $81.33 = $446.67). Father pays Mother $447 (round to nearest dollar) per month under split custody.

d. **SUMMARY OF CHILD SUPPORT PAYMENTS:** Check the boxes to show which parent will pay child support to the other. Enter the amount of child support per child per month and the amount of total child support to be paid per month. Check the boxes to show which parent is responsible for the payment of child care and health insurance costs. See Example #5 above.

2. **EXCEPTIONAL CIRCUMSTANCE FORM.** The Court or OCSH must order the amount of child support as calculated by the Worksheet(s) unless there are exceptional circumstances which warrant a deviation. The parent requesting a deviation has the burden of proving that exceptional circumstances exist and that the circumstances warrant a departure from the child support as calculated by the Worksheet(s). The parent requesting the deviation should complete the Exceptional Circumstance Form and attach it to the Worksheet(s). If the other parent does not agree that exceptional circumstances exist, that parent may oppose the request for deviation from the child support guidelines calculation. The Court or OCSH shall determine whether exceptional circumstances exist on a case-by-case basis. When the Court or OCSH concludes that there are exceptional circumstances, it shall make oral findings of fact on the record or prepare written findings of fact regarding the exceptional circumstances. The findings of fact shall include the amount of support that would have been required as calculated using the Worksheet(s).

a. **EXAMPLES OF POSSIBLE EXCEPTIONAL CIRCUMSTANCES** include (without limitation) the following:

i. Child Support Exceeds 70% of Net Income When child support is greater than 70% of the obligor's Net Income, the Court or OCSH may limit it to 70% of the obligor's net income.

It may not always be appropriate to apply this exceptional circumstance. For example, when both parents' incomes are similar, it may be inequitable for the non-custodial parent to reduce his/her obligation to the child(ren) while the custodial parent does not receive any reduction in his/her obligation to the child(ren). Additionally, the custodial parent's obligation is essentially increased by the percentage that the obligor is not required to pay over 70% of net income.

EXAMPLE #12 – CHILD SUPPORT EXCEEDS 70% OF NET INCOME:

CHILD SUPPORT OBLIGATIONS / CREDITS	FATHER (A)		MOTHER (B)	70% of Net Income:
14. Total Support Obligation for each parent (Line 13 x % in Line 3) .	$928		$593	Father: $694
Minimum: $70 per child. Maximum: The Total Support Obligation for a parent should not exceed that parent's Net Income on Line 2, if the Net Income exceeds $70 per child.				
15. Credit for Child Care Expense (for parent who pays) . . . . . -		-	$400	Mother: $451
16. Credit for Health Ins./Cash Medical amount (for parent who pays) -	$200	-		
17. REMAINING CHILD SUPPORT OBLIGATION AFTER CREDITS . =	$728	=	$193	*Round to nearest dollar*

[x] **EXCEPTION REQUESTED BECAUSE CALCULATED CHILD SUPPORT EXCEEDS 70% OF NET INCOME**

Payor's total monthly child support obligation as calculated on Line 14 of the CSGW ($928) exceeds the minimum support amount of $70 per child and is greater than 70% of Payor's net income from the Table of Incomes ($694).

I request a finding that an exceptional circumstance exists and that Payor's total monthly child support obligation on Line 14 of the CSGW be limited to either 70% of Payor's net income or $70 per child, whichever is greater. Using the higher of the two numbers the total support for the 2 children in this case would be $694 per month. After deductions for monthly child care expenses listed on Line 15 ($0) and health insurance costs listed on Line 16 ($200), which are paid directly by Payor, the remaining child support obligation of Payor will be $494 per month.

ii. Support of Additional Legal Children[4] If the total of (a) the amount of child support for the subject child(ren) as calculated by the Worksheet(s) and (b) the amount of child support for child(ren) the Payor is required to support is greater than the Payor's net income (as set forth in the Table of Incomes), then child support for (each of) the subject child(ren) may be set at the higher of the following:

aa. The amount obtained by dividing the obligor's net income by the total number of all of the children the obligor has a legal obligation to support, including the subject child(ren); or

bb. $70.00 per child.

The obligor bears the burden of proof of establishing support of other children as an exceptional circumstance, modifying other child support orders and serving the appropriate documents (see §IV.E.).

EXAMPLE #13 – SUPPORT OF ADDITIONAL LEGAL CHILDREN:

Check "X" when using this form.

Father has 1 additional legal child.

There are 2 children of the marriage, but Father has 1 legal child from his prior marriage.

Father has a total of 3 legal children.

Divide Father's net income from Line 2 ($992) by the total number of legal children (3) to calculate support for each of 3 children = $330.67.

[X] EXCEPTION REQUESTED BECAUSE PAYOR SUPPORTS 1 ADDITIONAL LEGAL CHILD(REN)

A) Payor's total monthly child support obligation as calculated on Line 14 of the CSGW ($928), divided by the number of children to be supported on Line 4 of the CSGW (2), equals $464.00 per child.

Is this amount per child greater than $70 per child (the minimum support amount)? Yes X No ___

B) Payor supports 1 additional legal child(ren). If all of Payor's Net Income on Line 2 of the CSGW ($992) is divided by the total number of children Payor is required to support (3) each child would receive ($330.67)

Is this amount per child less than the amount per child calculated on Line (A)? Yes X No ___

If the answers to both questions above is 'Yes,' you may request that the Court make the following finding:

Due to Payor's obligation to support (and Payor's actual support of) additional children, I request a finding that an exceptional circumstance exists and that the support per child in this case be limited to the greater of the amount per child shown in Line (B) above ($330.67) or the State minimum per child of $70. Using the higher of the two numbers the total support for the 2 children in this case would be $661 per month.

After deductions for monthly child care expense listed on Line 15 ($0) and health insurance/cash medical cost listed on Line 16 ($200), which are paid directly by Payor, the remaining child support obligation of Payor will be $461 per month.

Father's obligation for each of 3 children (2 of the marriage and 1 additional legal child) is $330.67. Therefore, Father argues that his child support obligation for 2 children of the marriage should be $661 ($330.67 x 2 = $661.34).

Since Father pays $200 per month for health insurance to cover the 2 children of the marriage, Father's obligation of $661 must be reduced by $200. Therefore, Father's total monthly child support obligation for 2 children of the marriage is $461 ($661 - $200 = $461) because he is required to support 1 additional legal child from his prior marriage.

iii. Extraordinary Needs of Child(ren)/Other Parent When the subject child(ren), or the subject child(ren)'s other parent, have extraordinary needs (e.g., special educational and/or housing needs for a physically or emotionally disabled child), there may be an exceptional circumstance.

iv. Other Payments for Legal Child/Other Parent Payments made by the obligor to or for the benefit of the subject child(ren), or the subject child(ren)'s other parent, where the payments are obligated to be made by law or Court/OCSH order, including payment for extraordinary medical needs, there may be an exceptional circumstance.[5]

v. Support Exceeding Needs of Child(ren) When the amount of child support as calculated by the Worksheet(s) for the subject child(ren) exceeds the reasonable needs of the child(ren) based on the child(ren)'s appropriate standard of living, there may be an exceptional circumstance.[6]

vi. Inability to Earn Income Some child support obligors have net income of zero on the Table of Incomes (e.g. disabled, sick, incarcerated or involuntarily unemployed). Minimum child support of $70 per month or other amounts, based upon the circumstances, may be set for such obligors. However, even a minimum support amount may be subject to exceptional circumstances warranting deviation from the amount.[7]

vii. Joint Financial Obligations: These Guidelines assume that the parents are economically separated, except for support orders. An exceptional circumstance deviation from the Guidelines' calculation may be warranted in certain situations, such as in pending divorce cases, where the parents still have joint financial obligations for costs that would normally be covered through child support. These costs might include, without limitation, lodging, utilities, transportation, insurance, and education. The exceptional circumstance deviation, if any, would depend largely upon how the parents split these joint obligations.

viii. Other Exceptional Circumstances: The Court and OCSH have the discretion to find other exceptional circumstances.

b. **EXAMPLES OF WHERE NO EXCEPTIONAL CIRCUMSTANCES EXIST** include (without limitation) the following:

i. Agreement for Lesser Amount While the parents' agreement to an amount of child support higher than the amount calculated according to the Worksheet(s) may be enforceable, the parents' agreement for the payment of less than the amount of child support as calculated using the Worksheet(s) is not, by itself, an exceptional circumstance.[8]

ii. Remarriage and New Family The remarriage of a child support obligor to an individual who has a child from another relationship is not an exceptional circumstance.[9]

iii. Visitation Expenses The need to pay transportation expenses relating to visitation is not an exceptional circumstance.[10]

iv. Heavy Debt Ordinarily, the existence of heavy debts will not constitute an exceptional circumstance.[11]

v. Private Education Expenses The private education expenses of the subject child(ren) are considered as an expense to be paid from the SOLA portion of child support, and they are not an exceptional circumstance justifying greater-than-Guidelines child support, unless such expenses are so extraordinary that SOLA cannot adequately cover them, or if the child has been in private school with the agreement of the parents prior to separation.[12]

c. **SUMMARY OF CHILD SUPPORT PAYMENTS:** Check the boxes to show which parent will pay child support to the other. Enter the amount of child support per child per month and the amount of total child support to be paid per month. Check the boxes to show which parent is responsible for the payment of child care and health insurance costs. See Example #5 above.

III. OTHER CHILD SUPPORT CONSIDERATIONS

A. ADULT DEPENDENT CHILDREN

All stipulations and orders for child support should expressly retain Court and OCSH jurisdiction to modify or extend child support.

Support for an adult child who is a full-time student according to the institution the child attends may continue until the child attains the age of 23 after considering these factors: (1) the adult child's earnings, (2) the adult child's property, (3) the adult child's needs, as well as (4) both parents' income and resources.

In appropriate circumstances, an educationally dependent adult child receiving educational support should be expected to contribute to his/her own self support through (1) part-time employment not harmful to the child's academic progress, or to other appropriate school-related pursuits, (2) grants, scholarships, and fellowships (tuition forgiveness), and (3) loans.[13]

Payments may be made directly to the educationally dependent adult child by agreement of the parents or by order of the court. Normally, a parent who receives child support for an educationally dependent adult child should pay for the child's room and board.

The Court in its discretion may order the parents of a disabled child to support their child beyond the age of majority, and beyond age 23, without regard to the child's educational status.

B. SOCIAL SECURITY

If Social Security benefits are being paid directly to the subject child(ren) due to the payor's retirement or disability, the payor shall receive credit for the amount of the Social Security benefits paid, subject to the right of the parent receiving such benefits on behalf of the child(ren) to challenge the amount of the credit.[14] The payor's child support obligation being credited through the payments of Social Security benefits directly to the child(ren)

shall not be paid through the Child Support Enforcement Agency. The payments will come directly to the recipient from Social Security. If the payor's child support obligation under the Guidelines is greater than the credit for Social Security benefits paid directly to the child(ren), only the difference shall be paid through the Child Support Enforcement Agency. If the amount of the Social Security benefits exceeds the amount of payor's child support obligations as calculated by the Worksheet(s), the excess shall be deemed as a gift to the child(ren).

C. MODIFYING CHILD SUPPORT

A request for suspension, termination or modification of child support may be filed either with the Court or CSEA.[15] A parent has a right to request that the Court or CSEA review and possibly adjust child support not more than once every three (3) years without having to show a change in circumstances.[16] The most current Guidelines shall be used to calculate the adjusted child support obligation.[17]

If three (3) years have not passed since the last child support order, a parent must establish a sufficient basis for a hearing and may only request a review and possible adjustment on the following basis:

1. There is a change in circumstances of either parent or any child of the parents since the entry of the last child support order.[18] The "circumstances" that change must involve the considerations used to calculate the previous amount of support. The change in at least one of the circumstances has to be substantial or material in order to modify child support.[19]

   Possible material changes include, but are not limited to:
   a. Increases or decreases in the income of either parent;
   b. Modification of custody or visitation;
   c. Increases or decreases in child care expenses; and/or
   d. Increases or decreases in health insurance.

2. When the Court establishes new or modified Guidelines, a material change of circumstances will be presumed if the child support amount as calculated by the new or modified Guidelines is either ten percent (10%) greater or less than the support amount in the existing support order as calculated by the earlier Guidelines.[20]

Parents are encouraged to carefully consider all circumstances before requesting a modification since child support may go up even when the request is for a decrease and it may go down even when the request is for an increase.[21]

In Court actions, adult children for whom support is being paid must receive notice of any action to establish, modify, or terminate his/her support.

D. PRIVATE HEALTH INSURANCE AND CASH MEDICAL SUPPORT

The parents' responsibility to provide for the medical support of their child(ren) must be addressed in the order for support. Either parent or both may be ordered to provide for the medical support needs of their child(ren).

An order for either parent to provide private health insurance for the subject child(ren) must be issued if it is 1) available to either parent; 2) reasonable in cost; and 3) accessible to the child(ren). Medicaid, Quest, or other state and/or federally funded health insurance, is not considered private health insurance.

The cost of private health insurance is considered reasonable if the amount does not exceed ten percent (10%) of the net income, as determined by the Table of Incomes, of the parent responsible for providing the private health insurance coverage. In applying the ten percent (10%) standard for the cost of private health insurance, the cost is the amount the parent would pay monthly for the child(ren)'s coverage over the cost of single person coverage or the additional cost to include the child(ren) to an existing plan with other family members, whichever is less.

In addition to the cost, private health insurance is considered accessible if the medical care provider is located:

(i) within the state; except for the Island of Hawaii - on the same island as the subject child(ren); or

(ii) Island of Hawaii and outside the state – within 30 miles or 30 minutes from the primary residence of the subject child(ren);

provided, however, that the Courts and OCSH may consider other factors relevant to the subject child(ren).

Where private health insurance is not available to either parent or is not reasonable in cost or accessible to the child(ren), one parent shall be ordered to make cash medical support payments of ten percent (10%) of the parent's net income as determined by the Table of Incomes. Because these Guidelines apportion the cost of medical support between both parents, the parent who will be ordered to pay child support is usually the one who is ordered to make cash medical support payments. The cash medical support amount must be ordered separately from the calculated child support amount and shall be included on Line 6 and on Line 16 (for the parent who pays) of the Guidelines.

If determined to be in the child(ren)'s best interest, the Court or OCSH may order a parent to provide private health insurance for the subject child(ren) in excess of ten percent (10%) of the parent's net income. If this occurs, the Court or OCSH may also determine whether it is in the best interest of the child(ren) to enter an order for the parent not providing private health insurance to make cash medical support payments in an amount up to ten percent (10%) of the parent's net income as determined by the Table of Incomes.

E. INDIVIDUALS WITH INCOME OVER $13,000 PER MONTH

1. For self-employed individuals with income over $13,000 per month (see §III.F.2.); and

2. For individuals employed by others with income over $13,000 per month.

   NET INCOME FOR GUIDELINES PURPOSES is determined by:

   a. Adding the gross monthly income from all sources (see §IV.H.1.).

   b. Subtracting all three taxes:

(i) FICA RELATED TAX	$681 plus 1.45% (.0145) times income over $8,900
(ii) STATE OF HAWAI'I TAX	$268 plus 8.25% (.0825) times income over $4,000
(iii) FEDERAL TAX	for incomes up to but not over $14,295: $1,395 plus 28% (.28) times income over $6,854 for incomes over $14,295 but not over $31,079: $3,480 plus 33% (.33) times income over $14,295 for incomes over $31,079: $9,018 plus 35% (.35) times income over $31,079

3. Subtracting $791 (after-tax poverty level self support in Hawai'i).

FORMULA	
GROSS INCOME PER MONTH	$_____
FICA	-_____
STATE OF HAWAI'I TAX	-_____
FEDERAL TAX	-_____
SELF-SUPPORT	- $791
NET INCOME FOR WORKSHEET	**$_____**

4. SOLA INCOME is Gross Income Per Month Less $1,038.

F. SELF-EMPLOYED INDIVIDUALS

1. **SELF-EMPLOYED** individuals with income under $13,000 per month may use §III.F.2. below or the Table of Incomes. Self-employed individuals must report gross income minus ordinary, necessary and reasonable business/operating expenses, including a reasonable amount for ordinary wear and tear of capital assets and minus one-half of self-employment taxes (refer to tax returns). The Court or OCSH will determine what (if any) depreciation[22] may be subtracted.

Gross income from self-employment or ownership in a separate entity regardless of format of tax reporting (Schedule C self employment, business format such as corporation, corporation reporting as an "S" tax status corporation, partnership or other entity, e.g. LLC, regardless of the form of tax reporting) including rents, royalties, and other benefits allocated to an individual for such a business, agency payments, independent contractor payments or other payments, reduced by those reasonable and necessary business expenses excluding fringe benefits such as those listed in §IV.I.1. and adjusted for such items as economic depreciation that represent current deductions of expenses actually benefitting future years. As an example, the expense of direct deduction of depreciable assets in the year of acquisition should be spread over the assets' useful life.

The Table of Incomes reduces gross income to net income by subtracting state and federal taxes for filing single claiming one exemption, Social Security (FICA) at 7.65% to the current social security tax old age limit of $106,800 annually ($8,900 per month), 1.45% Medicare tax on earned income above this level, and $791 (after tax poverty level self support). The self-employed individual pays a 15.3% Self-Employment Tax on net income from self employment up to $106,800 annually ($8,900 per month) and 2.9% Self-Employment Tax on self-employment income above this limit. In addition, an individual with self-employment income and self-employment tax deducts as an adjustment for Adjusted Gross Income one half of the self-employment tax.

2. SELF-EMPLOYED INDIVIDUALS WITH INCOME OVER $13,000 PER MONTH[23]

NET INCOME FOR GUIDELINES PURPOSES IS DETERMINED IN THREE (3) STEPS

STEP ONE (1)

Adding the gross monthly earned income from all sources

Deduct any allowable ordinary and necessary expenses (see §III.F.1.)

Calculate net self-employment income (gross less allowed expenses)

Multiply the net self-employment income by 92.35% (.9235) to calculate the amount subject to Self-Employment Tax

Calculate the self-employment tax on 92.35% of net self-employment income: 15.3% on net earned income up to $8,900 per month and 2.9% on net earned income above that amount

STEP TWO (2)

Net Self-Employment Income as calculated above. Add all other remaining non-earned income for Total Income Subject to Tax.
Deduct ½ of the Self-Employment Tax

Calculate State and Federal Tax on the result using the applicable tables

STEP THREE (3)

Start with Total Income Subject To Tax

Subtract
Self-Employment Tax
State Income Tax
Federal Income Tax
Self-Support of $791 (after tax poverty level self-support in Hawai'i
Equals Net Income for Worksheet.

State of Hawai'i tax is calculated using the Hawai'i rates initially in effect as of January 1, 2009 calculated on a monthly basis: $268 plus 8.25% (.0825) times income over $4,000

Federal Taxes are calculated using the federal rates initially in effect as of January 1, 2009, calculated on a monthly basis without consideration of special rates (e.g. capital gains, qualifying dividends). For incomes up to but not over $14,295: $1,395 plus 28% (.28) times income over $6,854. For incomes over $14,295 but not over $31,079: $3,480 plus 33% (.33) times income over $14,295. For incomes over $31,097: $9,018 plus 35% (.35) times incomes over $31,097

STEP ONE (1)

ALL GROSS MONTHLY EARNED INCOME FROM ALL SOURCES	$ _____	
LESS ALLOWABLE ORDINARY AND NECESSARY EXPENSES RELATED TO THAT INCOME	- _____	
NET SELF-EMPLOYMENT INCOME	= _____	(A)
NET SELF-EMPLOYMENT INCOME SUBJECT TO SELF-EMPLOYMENT TAX: (A) TIMES .9235	$ _____	(B)
SELF-EMPLOYMENT TAX ON FIRST $8,900 MONTHLY NET SELF-EMPLOYMENT INCOME: $1,361.70 OR IF (B) IS LESS THAN $8,900, (B) TIMES .153	_____	
PLUS SELF-EMPLOYMENT TAX ON MONTHLY NET SELF-EMPLOYMENT INCOME OVER $8,900: IF (B) IS		

GREATER THAN $8,900, (B) LESS $8,900 TIMES .029	+	_____	
TOTAL SELF-EMPLOYMENT TAX	=	_____	(C)

<u>STEP TWO (2)</u>

NET SELF-EMPLOYMENT INCOME CALCULATED ABOVE (A)		_____	
ADD ALL OTHER NON-EARNED INCOME FOR TOTAL INCOME	+	_____	
TOTAL INCOME SUBJECT TO TAX	=	_____	(D)
LESS ONE-HALF (50%) NET SELF-EMPLOYMENT TAX: (C) TIMES .5	-	_____	
NET INCOME SUBJECT TO TAX CALCULATION	=	_____	(E)
STATE OF HAWAI‘I TAX: (E) LESS $4,000, TIMES .0825, PLUS $268		_____	(F)
FEDERAL TAX – INCOMES UP TO BUT NOT OVER $14,295: (E) LESS $6,854, TIMES .28, PLUS $1,395		_____	(G1)
OR INCOMES OVER $14,295 BUT NOT OVER $31,079: (E) LESS $14,295, TIMES .33, PLUS $3,480		_____	(G2)
OR INCOMES OVER $31,079: (E) LESS $31,079, TIMES .35, PLUS $9,018		_____	(G3)

<u>STEP THREE (3)</u>

TOTAL INCOME SUBJECT TO TAX (D) ABOVE		_____	
LESS TOTAL SELF-EMPLOYMENT TAX (C) ABOVE	-	_____	
LESS STATE OF HAWAI‘I TAX (F) ABOVE	-	_____	

LESS FEDERAL TAX (G1) OR (G2) OR (G3) ABOVE	- _____
LESS SELF-SUPPORT	- 791
EQUALS NET INCOME FOR WORKSHEET	=_____

3. SOLA INCOME is total monthly gross income (see §IV.H.1.) less ordinary & necessary monthly expenses (see §III.F.1.) less $1,038.

IV. TERMS AND DEFINITIONS

A. **ALLOCATION OF AWARD PER CHILD** shall be done by dividing child support equally per child within the pending case or hearing. For example, if child support for three (3) children is $300 per month, the award of child support is $100 per month per child for a total of $300.

B. **ASSETS FOR PAYMENT OF SUPPORT** may be applied when a parent has inadequate income to meet his/her child support obligation. If the parent owns assets, he/she may be required to convert all or some portion of said assets to cash for payment of support.

C. **BASE PRIMARY CHILD SUPPORT** is the minimum amount of child support needed to provide for the children's basic living needs in the State of Hawai'i.

D. **CHILD CARE EXPENSES** are those actually paid and are needed to allow the custodial parent(s) to work or attend vocational education or training. Child care expenses reflected in the Worksheet should be reasonable considering the financial circumstances of the parents, should not exceed the level required to provide reasonable care for the children and should be allowed only if the custodial parent is employed or attending vocational training.

E. **CHILDREN**:

1. **LEGAL CHILDREN** means those recognized by statute or court order.

2. **NUMBER OF CHILDREN** means the number of children of the parents for whom child support is being calculated in the pending case or hearing.

F. **CHILD SUPPORT NEED** covers minimum monthly needs and costs above the cost of the parent to meet his/her own housing, food and other minimum essential needs. Minimum child support needs also include the cost of health insurance and child care expenses. The minimum child support needs are calculated on lines 4-7 of the Worksheet.

G. **CUSTODY (for child support purposes)**:

1. **EQUAL TIME-SHARING** means that each parent has the child(ren) approximately 183 overnights per year.[24]

2. **EXTENSIVE TIME-SHARING** means that a parent has the child(ren) more than 143 overnights, but less than 183 overnights, per year.

3. **JOINT PHYSICAL CUSTODY**, is statutorily defined in Hawai‘i as: "physical custody . . . shared by the parents . . . in such a way as to assure the child or children of frequent, continuing, and meaningful contact with both parents . . .."[25] Under the Guidelines, child support is based on the number of overnights per year and not on the label given to the time-sharing arrangement (see §IV.G.1 and 2 above.)

4. **PHYSICAL CUSTODY** to one parent (sometimes referred to as the "custodial parent") for child support purposes is based on the number of overnights that the child(ren) spend(s) with a parent.

5. **SOLE PHYSICAL CUSTODY** to one parent, for child support purposes, means that the other parent has 143 or fewer overnights per year.

6. **SPLIT CUSTODY** means that one parent has sole physical custody of one or more of the children and the other parent has sole physical custody of the remaining child(ren).

H. **HEALTH INSURANCE**: See "Medical" at §IV.K.

I. **INCOME**:

1. **GROSS INCOME** is the total of all incomes of the parent averaged on a monthly basis before taxes, Social Security and other deductions (see §III.F.).

   Gross income includes income from all sources that are regular and consistent, including but not limited to:

   a. Employment salaries and wages, tips, commissions, bonuses, profit sharing, deferred compensation, severance pay, and stock options;
   b. Income from overtime and second jobs that occur on a regular basis;
   c. Spousal support received;
   d. Investment income, such as interest, tax exempt interest, dividend income, capital gain income from mutual funds, other capital gains that are of a recurring nature ("recurring nature" is indicated by capital gains regularly reported in the parent's income tax return – such gains do not have to be the same amount each year);
   e. Pension income;
   f. Trust or estate income;
   g. Annuities;
   h. Social Security benefits received by the parent (see §III.B.);
   i. Veteran's benefits received;
   j. Military base and special pay and allowances, such as basic allowance for housing (BAH), basic allowance for subsistence (BAS), hazardous duty pay, cost-of-living allowance (COLA), selective reenlistment bonus (SRB), retired/retainer pay, reserve pay, etc.;

k. National Guard and reserve drill pay;
l. Benefits received in place of earned income, such as workers' compensation benefits, unemployment insurance benefits, strike pay and disability insurance benefits;
m. Monetary gifts, lottery and gambling winnings that are regular and consistent;[26]
n. Income from contractual agreements;
o. Income from self-employment (see §III.F.);
p. Fringe benefits, such as use of company car, free housing and reimbursed expenses which reduce personal living expenses; and
q. Other income.

Gross income excludes spousal support paid and any benefits received from a needs-based public assistance program, including but not limited to:

a. Temporary Assistance to Needy Families (TANF);
b. Supplemental Security Income (SSI);
c. Food Stamps;
d. Section 8 Housing Allowances;
e. General Assistance Grants;
f. Pell Grants and benefits received from the Jobs Training Partnership Act; and
g. Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).

2. **IMPUTED INCOME** may be used when a parent is not employed full-time or is employed below full earning capacity. The reasons for this limitation must be considered.

If a parent's income is limited in order to care for the child(ren) to whom the parents owe a joint legal responsibility, at least one of whom is 3 years of age or younger, then no additional income will be imputed to that parent. If all of the subject child(ren) are over 3 years of age, and the parent that receives support is mentally and physically able to work, and remains at home and does not work, then thirty (30) hours or less of weekly earnings at the minimum wage may be imputed to that parent.[27]

If a parent's income is limited for any other reason, the parent's income will be determined according to his or her income capacity in the local job market, considering both the reasonable needs of the child(ren) and the reasonable work aspirations of the parent.

3. **NET INCOME** is calculated by deducting from gross income:

(a) 2009 state and federal taxes and 2009 FICA taxes, in effect on January 1, 2009, for a single taxpayer claiming one exemption, and
(b) an additional $791 for after tax poverty level self support.

Net Income is **not** take-home pay. Net income is not actual disposable net income. The taxes used in this calculation are not necessarily the actual taxes paid by the parent.

4. **STANDARD OF LIVING ADJUSTMENT (SOLA) INCOME** is gross income minus $1,038, based on the 2009 federal poverty guidelines for minimum food, clothing shelter and other essential needs of the parent.

5. **TABLE OF INCOMES** lists the Monthly Gross Income, Net Income, and Standard of Living Adjustment (SOLA) Income. It also calculates 70% of Net Income.

J. **MAXIMUM CHILD SUPPORT** means that the Total Support Obligation for a parent generally should not exceed that parent's Net Income on Line 2, if the Net Income exceeds $70 per child.

K. **MEDICAL:**

1. **CASH MEDICAL** is a provision required by the federal government as part of the Deficit Reduction Act of 2005.[28] Where private health insurance is not available to either parent, is not reasonable in cost, or is not accessible to the child(ren), one parent shall be ordered to make cash medical support payments of ten percent (10%) of that parent's net income as determined by the Table of Incomes. The cash medical support amount must be ordered separately from the calculated child support amount and shall be included on Line 6 and on Line 16 of the Worksheets (for the parent who pays) of the Guidelines. The ordered amount may be used toward the cost of health insurance or for medical costs not covered by insurance. Where a parent is receiving state and/or federally funded health insurance for the child(ren), the parent who will be or who is ordered to pay child support shall also be ordered to make cash medical payments, which may be retained by the State (see also §III.D.

2. **HEALTH INSURANCE** includes coverage obtained through a private insurance company. Medicaid, Quest, and other state and/or federally funded health insurance, are not considered privately obtained health insurance. Privately obtained dental, drug, and vision insurance coverage may be ordered as a part of health insurance by the Court or OCSH where reasonable in cost and availability or is in the best interest of the child(ren) (see §III.D.). The Monthly Health Insurance Expense for Line 6 is the amount that a parent pays monthly for the child(ren)'s coverage over the cost of single person coverage or the additional cost to include the child(ren) to an existing plan with other family members.

L. **MINIMUM CHILD SUPPORT** is $70 per month per child. However, exceptional circumstances may apply (see §II.B.2.).

M. **MONTHLY AMOUNTS** shall be used to present all information to the Court, CSEA or OCSH. Where a parent receives weekly income, multiply the weekly amount by 52 pay periods and divide by 12 months to arrive at a correct monthly amount. Where a parent receives income twice a month (such as on the 1st and 15th of the month) multiply the

semimonthly amount by 2 to arrive at a correct monthly amount. Where a parent receives income every two weeks (such as every other Friday) multiply the biweekly amount by 26 pay periods per year and divide by 12 months to arrive at a correct monthly amount.

N. **OBLIGOR** is the parent who makes a child support payment to the other parent. An "Obligor" is the same as a "Payor."

O. **PARENT** as used in these Guidelines means any person with a legal obligation of support to a dependent child(ren) and/or adult dependent child(ren).

P. **PAYOR** is the person who makes a child support payment to the other parent. A "Payor" is the same as an "Obligor."

Q. **PRIMARY CHILD SUPPORT NEEDS** means the minimum amount of child support needed to provide for the children's basic living needs in the State of Hawai'i (also called "Base Primary Support") plus expenses for child care and health insurance.

R. **RECIPIENT** is the person who receives a child support payment.

S. **STANDARD OF LIVING ADJUSTMENT (SOLA)** allows the child(ren) to share in the parents' income above the parents' basic needs so that the child(ren) can appropriately benefit from the parent's higher standard of living. The SOLA amount is calculated on lines 8-12 of the Worksheet.

T. **TOTAL CHILD SUPPORT NEED** is the Primary Child Support Need and the SOLA support that would be available and used by the parents on behalf of the child(ren) had the parents remained in one household. The total child support need is calculated on line 13.

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[1] Hawaii Revised Statutes ("HRS") §§571-52.5, 576D-7, 576E-15, 580-47(a)(2006).

[2] *See* HRS §§571-52.5, 576D, 576E, and 580-11 (2006). CSEA is not affiliated with the Court and uses an administrative process where CSEA and hearings officers of the OCSH issue decisions relating to child support. The Court, CSEA and OCSH have concurrent jurisdiction in matters concerning child support.

[3] *See* HRS §576D-7(c)(2006).

[4] *See CSEA v. Doe*, 104 Hawai'i 449, 91 P.3d 1092 (App. 2004).

[5] *See Matsunaga v. Matsunaga*, 99 Hawai'i 157, 53 P.3d 296 (App. 2002); *CSEA v. Doe*, 104 Hawai'i 449, 91 P.3d 1092 (App. 2004).

[6] *See Matsunaga v. Matsunaga*, 99 Hawai'i 157, 53 P.3d 296 (App. 2002) (citing *Richardson v. Richardson*, 8 Haw.App. 446, 808 P.2d 1279 (1991)); *CSEA v. Doe*, 98 Hawai'i 58, 41 P.3d 720 (App. 2001) (citing *Nabarrete v. Nabarrete*, 86 Hawai'i 368, 949 P.2d 208 (App. 1997)).

[7] *See CSEA v. Doe*, 109 Hawai'i 240, 125 P.3d 461 (2005).

[8] *Ching v. Ching*, 7 Haw.App. 221, 751 P.2d 93 (1988); *Napoleon v. Napoleon*, 59 Haw. 619, 585 P.2d 1270 (1978).

[9] *Mack v. Mack*, 7 Haw.App. 171, 749 P.2d 478 (2004); *CSEA v. Mazzone*, 88 Hawai'i 456, 967 P.2d 653 (App. 1998).

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[10] *See Dring v. Dring*, 87 Haw. 369, 956 P.2d 1301 (App. 1998); *Tomas v. Tomas*, 7 Haw.App. 345, 754 P.2d 1250 (1988).

[11] *See CSEA v. Mazzone*, 88 Hawai'i 456, 967 P.2d 653 (App. 1998).

[12] *See Mark v. Mark*, 9 Hawai'i 184, 828 P.2d 1291 (App. 1992).

[13] *Nabarrete v. Nabarrete*, 86 Hawai'i 368, 949 P.2d 208 (App. 1997).

[14] *CSEA v. Doe*, 92 Hawai'i 276, 990 P.2d 1158 (App. 1999).

[15] HRS §576E-14(a) and (d)(2006).

[16] HRS §§576D-7(e), 576E-14(d), 580-47(e)(2006).

[17] HRS §§576D-7(d), 576E-15, 580-47(c)(2006).

[18] HRS §§576D-7(e), 576E-14(d), 580-47(e)(2006).

[19] HRS §§ 576D-7(e) and 580-47(c) and (e)(2006); *Davis v. Davis*, 3 Haw. App. 501, 653 P.2d 1167 (1982).

[20] HRS §§576D-7(d) and 576E-14(c)(2006).

[21] *Yasumura v. CSEA*, 108 Haw. 202, 118 P.3d 1145 (App. 2005).

[22] Depreciation and/or amortization allowed or allowable under the Internal Revenue Code of 1986 as amended will generally exceed a reasonable amount for ordinary wear and tear. Such adjustments should not be made for minor levels of depreciation or amortization. If any method other than straight line depreciation over the estimated useful life of a capital asset is used, then a suggested estimate of economic depreciation may be found in the Class Life Asset Depreciation Range System (ADR) generated by the Internal Revenue Service.

[23] Individuals with income under $13,000 per month where the primary income comes from self-employment income may use this schedule. Use the schedule to STEP 2 Letter E, NET INCOME SUBJECT TO TAX CALCULATION, then go to regular tables for that amount. SOLA income is calculated in the normal manner.

[24] *Compare with* HRS §571-46.1 (2006).

[25] *Compare with* HRS §571-46.1 (2006).

[26] *Sussman v. Sussman*, 112 Hawai'i 437, 146 P.3d 597 (App. 2006).

[27] *See* §576D-7(a)(9)(2006).

[28] Deficit Reduction Act of 2005, Pub.L.No. 109-171, §7307, 120 Stat. 146-47 (2006).

STATE OF HAWAI'I FAMILY COURT OF THE _____ CIRCUIT	**CHILD SUPPORT GUIDELINES WORKSHEET**	CASE NUMBER: FC-__ No. _____

_____ Plaintiff

vs.

_____ Defendant

This worksheet, and any attachments, was prepared by:

___ Att'y for: ___ Plaintiff ___ Defendant

Name: _____

Address: _____

City,St,Zip: _____

Phone No: _____

PARENTS' INCOMES

	FATHER (A)		MOTHER (B)		TOTAL (C)
1. Monthly Gross Income from all sources					
2. Monthly Net Income (from Table of Incomes)		+		=	
3. Percentage of Total Net Income on Line 2 from each parent	%		%	*Round to nearest %*	
	[Line 2(A) ÷ 2(C)] x 100		[Line 2(B) ÷ 2(C)] x 100		

CHILD SUPPORT NEED

		TOTAL (C)
4. Base Primary Support: ($360) x ___ (# of children)	=	
5. Plus Monthly Child Care Expense (to allow custodial parent to work or attend voc. ed. or training)	+	
6. Plus Monthly Health Insurance Expense (for the child(ren) and paid by parents). If no insurance, use State Cash Medical support amount (10% of Net Income on Line 2)	+	
7. PRIMARY CHILD SUPPORT NEED (add Lines 4, 5 & 6)	=	

STANDARD OF LIVING ADJUSTMENT

	FATHER (A)		MOTHER (B)		TOTAL (C)
8. Parent's SOLA income (from Table of Incomes)		+		=	
9. Less PRIMARY CHILD SUPPORT NEED (copy from Line 7)				-	
10. Parents' Remaining SOLA income (Line 8(c) - Line 9; but if result is negative enter 0)				=	
11. SOLA Percentage (10% per child, up to 30% maximum)				x	%
12. SOLA Amount (Line 10 x Line 11)				=	
13. CHILD SUPPORT CALCULATION (Line 7 + Line 12)				=	

CHILD SUPPORT OBLIGATIONS / CREDITS

	FATHER (A)		MOTHER (B)
14. Total Support Obligation for each parent (Line 13 x % in Line 3)			
Minimum: $70 per child. Maximum: The Total Support Obligation for a parent should not exceed that parent's Net Income on Line 2, if the Net Income exceeds $70 per child.			
15. Credit for Child Care Expense (for parent who pays)	-		-
16. Credit for Health Ins./Cash Medical amount (for parent who pays)	-		-
17. REMAINING CHILD SUPPORT OBLIGATION AFTER CREDITS	=		=

Round to nearest dollar

70% of Net Income:

Father:

Mother:

SUMMARY OF CHILD SUPPORT PAYMENTS

___ Mother ___ Father pays monthly child support of _____ to other parent, _____ per child per mo.

___ Mother ___ Father pays health ins./cash medical. ___ Mother ___ Father pays child care expense.

___ Extensive Time-sharing Worksheet attached.

___ Exceptional Circumstances Form attached.

CERTIFICATION: I hereby declare, under penalty of perjury, that I have examined this worksheet, and any attached worksheets, and to the best of my knowledge and belief the information provided is true, correct and complete.

_____ Father _____ Date

_____ Mother _____ Date

For Court Use Only

STATE OF HAWAI'I FAMILY COURT OF THE _____ CIRCUIT	**EXTENSIVE TIME-SHARING WORKSHEET** **to be attached to** **CHILD SUPPORT GUIDELINES WORKSHEET (CSGW)**	CASE NUMBER: FC-__ No. _____

This form requires information from your completed CSGW, and you must mark it as an attachment at the bottom of the CSGW.

EQUAL TIME-SHARING CALCULATION

LINE		FATHER (A)	MOTHER (B)	(C)
18	CSGW LINE 17 MONTHLY SUPPORT AMOUNT for each parent			
19	YEARLY SUPPORT OBLIGATION UNDER EQUAL TIME-SHARING [Line 18(A) x 6 months] and [Line 18(B) x 6 months]			
20	Difference between lines 19(A) and 19(B) [larger amount - lesser amount]			
21	EQUAL TIME-SHARING CHILD SUPPORT [Line 20(C) ÷ 12] Enter result in column for parent with larger support obligation on Lines 18 & 19.			*Round to nearest dollar.*

EXTENSIVE TIME-SHARING CALCULATION

IF BOTH PARENTS HAVE **MORE THAN 143 OVERNIGHT VISITS** PER YEAR COMPLETE LINES 22 - 29 BELOW.

		FATHER (A)	MOTHER (B)	(C)
22	NUMBER OF OVERNIGHT VISITS for <u>only</u> the parent with fewer overnights.			
23	CSGW LINE 17 SUPPORT AMOUNT for the parent with fewer overnight visits.			
24	EQUAL TIME-SHARING SUPPORT. Enter the amount from Line 21 above.			
25	DIFFERENCE BETWEEN REGULAR & EQUAL TIME-SHARING SUPPORT: If the child support obligations in Lines 23 and 24 are for the <u>same parent</u>, then subtract Line 24 from Line 23. [Line 23 - Line 24] If the child support obligations in Lines 23 and 24 are for <u>different parents</u>, then add Lines 23 and 24. [Line 23 + Line 24]			
26	ADJUSTMENT RATE (for each night over 143 nights) [Line 25 ÷ 40]			
27	NUMBER OF OVERNIGHTS EXCEEDING 143 PER YEAR. [Line 22 - 143]			x
28	CREDIT FOR NIGHTS EXCEEDING REGULAR SUPPORT [Line 26 x Line 27]		*Round to nearest dollar.*	=
29	EXTENSIVE TIME-SHARING CHILD SUPPORT for the parent with fewer overnight visits. [Line 23 - Line 28]			

SPLIT CUSTODY CALCULATION

Number of children with Father: ____ Number of children with Mother: ____

		FATHER (A)	MOTHER (B)	(C)
30	CSGW LINE 17 MONTHLY SUPPORT AMOUNT for each parent			
31	TOTAL NUMBER OF CHILDREN IN THIS CASE [from CSGW Line 4]			
32	EACH PARENT'S SUPPORT PER CHILD [Line 30 ÷ Line 31]			
33	NUMBER OF CHILDREN EACH PARENT IS OBLIGATED TO PAY SUPPORT FOR (the number of children with the other parent)			
34	SUPPORT OBLIGATION OF EACH PARENT [Line 32 x Line 33]			
35	REMAINING SUPPORT OBLIGATION AFTER OFFSET Subtract the smaller amount in Line 34 from the larger amount; enter the result in the column of the parent with the larger amount on Line 34.			*Round to nearest dollar.*

SUMMARY OF CHILD SUPPORT PAYMENTS

___ Mother ___ Father pays monthly child support of _____ to the other parent, _____ per child per month.

___ Mother ___ Father pays health insurance/cash medical. ____ Mother ____ Father pays child care expense.

STATE OF HAWAI'I FAMILY COURT OF THE _____ CIRCUIT	**EXCEPTIONAL CIRCUMSTANCES FORM** **to be attached to** **CHILD SUPPORT GUIDELINES WORKSHEET (CSGW)**	CASE NUMBER: FC-__ No. _____

This form requires information from your completed CSGW, and you must mark it as an attachment at the bottom of the CSGW.

Payor Parent: _____ No. of children in this case: ____ CS amount from Line 14: _____

The court should deviate from the Total Monthly Child Support Obligation as calculated on Line 14 of the Child Support Guidelines Worksheet (CSGW) because of the following exceptional circumstance(s):

___ EXCEPTION REQUESTED BECAUSE CALCULATED CHILD SUPPORT EXCEEDS 70% OF NET INCOME

Payor's total monthly child support obligation as calculated on Line 14 of the CSGW (_____) exceeds the minimum support amount of $70 per child and is greater than 70% of Payor's net income from the Table of Incomes (_____).

I request a finding that an exceptional circumstance exists and that Payor's total monthly child support obligation on Line 14 of the CSGW be limited to either 70% of Payor's net income or $70 per child, whichever is greater. Using the higher of the two numbers the total support for the ___ children in this case would be _____ per month. After deductions for monthly child care expenses listed on Line 15 (_____) and health insurance costs listed on Line 16 (_____), which are paid directly by Payor, the remaining child support obligation of Payor will be _____ per month

___ EXCEPTION REQUESTED BECAUSE PAYOR SUPPORTS ___ ADDITIONAL LEGAL CHILD(REN)

A) Payor's total monthly child support obligation as calculated on Line 14 of the CSGW (_____), divided by the number of children to be supported on Line 4 of the CSGW (___), equals _____ per child.

Is this amount per child greater than $70 per child (the minimum support amount)? Yes ____ No ____

B) Payor supports ___ additional legal child(ren). If all of Payor's Net Income on Line 2 of the CSGW (_____) is divided by the total number of children Payor is required to support (___), each child would receive _____.

Is this amount per child less than the amount per child calculated on Line (A)? Yes ____ No ____

If the answers to both questions above is 'Yes,' you may request that the Court make the following finding:

Due to Payor's obligation to support (and Payor's actual support of) additional children, I request a finding that an exceptional circumstance exists and that the support per child in this case be limited to the greater of the amount per child shown in Line (B) above, _____, or the State minimum per child of $70. Using the higher of the two numbers the total support for the ___ children in this case would be _____ per month.

After deductions for monthly child care expense listed on Line 15 (_____) and health insurance/cash medical cost listed on Line 16 (_____), which are paid directly by Payor, the remaining child support obligation of Payor will be _____ per month.

___ EXCEPTION REQUESTED DUE TO OTHER CIRCUMSTANCES

SUMMARY OF CHILD SUPPORT PAYMENTS (IF EXCEPTION IS GRANTED)

___ Mother ___ Father pays monthly child support of _____ to other parent, _____ per child per mo.

___ Mother ___ Father pays health insurance/cash medical. ____ Mother _____ Father pays child care expense.

2010 CHILD SUPPORT GUIDELINES
TABLE OF INCOMES

GROSS INCOME		NET	SOLA	70% OF
FROM	TO	INCOME	INCOME	NET
$0.00	$750	$0	$0	$0
$750.01	$800	$0	$0	$0
$800.01	$850	$0	$0	$0
$850.01	$900	$0	$0	$0
$900.01	$950	$0	$0	$0
$950.01	$1,000	$0	$0	$0
$1,000.01	$1,050	$0	$0	$0
$1,050.01	$1,100	$9	$12	$6
$1,100.01	$1,150	$45	$62	$32
$1,150.01	$1,200	$80	$112	$56
$1,200.01	$1,250	$116	$162	$81
$1,250.01	$1,300	$151	$212	$106
$1,300.01	$1,350	$186	$262	$130
$1,350.01	$1,400	$222	$312	$155
$1,400.01	$1,450	$257	$362	$180
$1,450.01	$1,500	$292	$412	$204
$1,500.01	$1,550	$327	$462	$229
$1,550.01	$1,600	$363	$512	$254
$1,600.01	$1,650	$398	$562	$279
$1,650.01	$1,700	$433	$612	$303
$1,700.01	$1,750	$468	$662	$328
$1,750.01	$1,800	$503	$712	$352
$1,800.01	$1,850	$538	$762	$377
$1,850.01	$1,900	$573	$812	$401
$1,900.01	$1,950	$609	$862	$426
$1,950.01	$2,000	$644	$912	$451
$2,000.01	$2,050	$679	$962	$475
$2,050.01	$2,100	$713	$1,012	$499
$2,100.01	$2,150	$748	$1,062	$524
$2,150.01	$2,200	$783	$1,112	$548
$2,200.01	$2,250	$818	$1,162	$573
$2,250.01	$2,300	$853	$1,212	$597
$2,300.01	$2,350	$888	$1,262	$622
$2,350.01	$2,400	$923	$1,312	$646
$2,400.01	$2,450	$958	$1,362	$671
$2,450.01	$2,500	$992	$1,412	$694
$2,500.01	$2,550	$1,027	$1,462	$719
$2,550.01	$2,600	$1,062	$1,512	$743
$2,600.01	$2,650	$1,097	$1,562	$768
$2,650.01	$2,700	$1,132	$1,612	$792
$2,700.01	$2,750	$1,167	$1,662	$817
$2,750.01	$2,800	$1,202	$1,712	$841
$2,800.01	$2,850	$1,237	$1,762	$866
$2,850.01	$2,900	$1,269	$1,812	$888
$2,900.01	$2,950	$1,299	$1,862	$909
$2,950.01	$3,000	$1,329	$1,912	$930
$3,000.01	$3,050	$1,359	$1,962	$951
$3,050.01	$3,100	$1,389	$2,012	$972
$3,100.01	$3,150	$1,418	$2,062	$993
$3,150.01	$3,200	$1,448	$2,112	$1,014
$3,200.01	$3,250	$1,478	$2,162	$1,035
$3,250.01	$3,300	$1,508	$2,212	$1,056
$3,300.01	$3,350	$1,537	$2,262	$1,076
$3,350.01	$3,400	$1,567	$2,312	$1,097
$3,400.01	$3,450	$1,597	$2,362	$1,118
$3,450.01	$3,500	$1,627	$2,412	$1,139
$3,500.01	$3,550	$1,656	$2,462	$1,159
$3,550.01	$3,600	$1,686	$2,512	$1,180
$3,600.01	$3,650	$1,716	$2,562	$1,201
$3,650.01	$3,700	$1,745	$2,612	$1,222

GROSS INCOME		NET	SOLA	70% OF
FROM	TO	INCOME	INCOME	NET
$3,700.01	$3,750	$1,775	$2,662	$1,243
$3,750.01	$3,800	$1,805	$2,712	$1,264
$3,800.01	$3,850	$1,835	$2,762	$1,285
$3,850.01	$3,900	$1,864	$2,812	$1,305
$3,900.01	$3,950	$1,894	$2,862	$1,326
$3,950.01	$4,000	$1,924	$2,912	$1,347
$4,000.01	$4,050	$1,954	$2,962	$1,368
$4,050.01	$4,100	$1,983	$3,012	$1,388
$4,100.01	$4,150	$2,013	$3,062	$1,409
$4,150.01	$4,200	$2,042	$3,112	$1,429
$4,200.01	$4,250	$2,072	$3,162	$1,450
$4,250.01	$4,300	$2,101	$3,212	$1,471
$4,300.01	$4,350	$2,131	$3,262	$1,492
$4,350.01	$4,400	$2,160	$3,312	$1,512
$4,400.01	$4,450	$2,190	$3,362	$1,533
$4,450.01	$4,500	$2,219	$3,412	$1,553
$4,500.01	$4,550	$2,249	$3,462	$1,574
$4,550.01	$4,600	$2,279	$3,512	$1,595
$4,600.01	$4,650	$2,308	$3,562	$1,616
$4,650.01	$4,700	$2,338	$3,612	$1,637
$4,700.01	$4,750	$2,367	$3,662	$1,657
$4,750.01	$4,800	$2,397	$3,712	$1,678
$4,800.01	$4,850	$2,426	$3,762	$1,698
$4,850.01	$4,900	$2,456	$3,812	$1,719
$4,900.01	$4,950	$2,485	$3,862	$1,740
$4,950.01	$5,000	$2,515	$3,912	$1,761
$5,000.01	$5,050	$2,545	$3,962	$1,782
$5,050.01	$5,100	$2,574	$4,012	$1,802
$5,100.01	$5,150	$2,604	$4,062	$1,823
$5,150.01	$5,200	$2,633	$4,112	$1,843
$5,200.01	$5,250	$2,663	$4,162	$1,864
$5,250.01	$5,300	$2,692	$4,212	$1,884
$5,300.01	$5,350	$2,722	$4,262	$1,905
$5,350.01	$5,400	$2,751	$4,312	$1,926
$5,400.01	$5,450	$2,781	$4,362	$1,947
$5,450.01	$5,500	$2,810	$4,412	$1,967
$5,500.01	$5,550	$2,840	$4,462	$1,988
$5,550.01	$5,600	$2,870	$4,512	$2,009
$5,600.01	$5,650	$2,899	$4,562	$2,029
$5,650.01	$5,700	$2,929	$4,612	$2,050
$5,700.01	$5,750	$2,958	$4,662	$2,071
$5,750.01	$5,800	$2,988	$4,712	$2,092
$5,800.01	$5,850	$3,017	$4,762	$2,112
$5,850.01	$5,900	$3,047	$4,812	$2,133
$5,900.01	$5,950	$3,076	$4,862	$2,153
$5,950.01	$6,000	$3,106	$4,912	$2,174
$6,000.01	$6,050	$3,136	$4,962	$2,195
$6,050.01	$6,100	$3,165	$5,012	$2,216
$6,100.01	$6,150	$3,195	$5,062	$2,237
$6,150.01	$6,200	$3,224	$5,112	$2,257
$6,200.01	$6,250	$3,254	$5,162	$2,278
$6,250.01	$6,300	$3,283	$5,212	$2,298
$6,300.01	$6,350	$3,313	$5,262	$2,319
$6,350.01	$6,400	$3,342	$5,312	$2,339
$6,400.01	$6,450	$3,372	$5,362	$2,360
$6,450.01	$6,500	$3,401	$5,412	$2,381
$6,500.01	$6,550	$3,431	$5,462	$2,402
$6,550.01	$6,600	$3,461	$5,512	$2,423
$6,600.01	$6,650	$3,490	$5,562	$2,443
$6,650.01	$6,700	$3,520	$5,612	$2,464

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GROSS INCOME		NET	SOLA	70% OF
FROM	TO	INCOME	INCOME	NET
$6,700.01	$6,750	$3,549	$5,662	$2,484
$6,750.01	$6,800	$3,579	$5,712	$2,505
$6,800.01	$6,850	$3,608	$5,762	$2,526
$6,850.01	$6,900	$3,638	$5,812	$2,547
$6,900.01	$6,950	$3,667	$5,862	$2,567
$6,950.01	$7,000	$3,695	$5,912	$2,587
$7,000.01	$7,050	$3,723	$5,962	$2,606
$7,050.01	$7,100	$3,751	$6,012	$2,626
$7,100.01	$7,150	$3,779	$6,062	$2,645
$7,150.01	$7,200	$3,807	$6,112	$2,665
$7,200.01	$7,250	$3,835	$6,162	$2,685
$7,250.01	$7,300	$3,863	$6,212	$2,704
$7,300.01	$7,350	$3,891	$6,262	$2,724
$7,350.01	$7,400	$3,919	$6,312	$2,743
$7,400.01	$7,450	$3,947	$6,362	$2,763
$7,450.01	$7,500	$3,975	$6,412	$2,783
$7,500.01	$7,550	$4,003	$6,462	$2,802
$7,550.01	$7,600	$4,031	$6,512	$2,822
$7,600.01	$7,650	$4,059	$6,562	$2,841
$7,650.01	$7,700	$4,087	$6,612	$2,861
$7,700.01	$7,750	$4,116	$6,662	$2,881
$7,750.01	$7,800	$4,144	$6,712	$2,901
$7,800.01	$7,850	$4,172	$6,762	$2,920
$7,850.01	$7,900	$4,200	$6,812	$2,940
$7,900.01	$7,950	$4,228	$6,862	$2,960
$7,950.01	$8,000	$4,256	$6,912	$2,979
$8,000.01	$8,050	$4,284	$6,962	$2,999
$8,050.01	$8,100	$4,312	$7,012	$3,018
$8,100.01	$8,150	$4,340	$7,062	$3,038
$8,150.01	$8,200	$4,368	$7,112	$3,058
$8,200.01	$8,250	$4,396	$7,162	$3,077
$8,250.01	$8,300	$4,424	$7,212	$3,097
$8,300.01	$8,350	$4,452	$7,262	$3,116
$8,350.01	$8,400	$4,480	$7,312	$3,136
$8,400.01	$8,450	$4,508	$7,362	$3,156
$8,450.01	$8,500	$4,536	$7,412	$3,175
$8,500.01	$8,550	$4,564	$7,462	$3,195
$8,550.01	$8,600	$4,592	$7,512	$3,214
$8,600.01	$8,650	$4,620	$7,562	$3,234
$8,650.01	$8,700	$4,648	$7,612	$3,254
$8,700.01	$8,750	$4,677	$7,662	$3,274
$8,750.01	$8,800	$4,705	$7,712	$3,294
$8,800.01	$8,850	$4,733	$7,762	$3,313
$8,850.01	$8,900	$4,761	$7,812	$3,333
$8,900.01	$8,950	$4,789	$7,862	$3,352
$8,950.01	$9,000	$4,820	$7,912	$3,374
$9,000.01	$9,050	$4,851	$7,962	$3,396
$9,050.01	$9,100	$4,882	$8,012	$3,417
$9,100.01	$9,150	$4,913	$8,062	$3,439
$9,150.01	$9,200	$4,945	$8,112	$3,462
$9,200.01	$9,250	$4,976	$8,162	$3,483
$9,250.01	$9,300	$5,007	$8,212	$3,505
$9,300.01	$9,350	$5,038	$8,262	$3,527
$9,350.01	$9,400	$5,069	$8,312	$3,548
$9,400.01	$9,450	$5,100	$8,362	$3,570
$9,450.01	$9,500	$5,131	$8,412	$3,592
$9,500.01	$9,550	$5,163	$8,462	$3,614
$9,550.01	$9,600	$5,194	$8,512	$3,636
$9,600.01	$9,650	$5,225	$8,562	$3,658
$9,650.01	$9,700	$5,256	$8,612	$3,679
$9,700.01	$9,750	$5,287	$8,662	$3,701
$9,750.01	$9,800	$5,318	$8,712	$3,723
$9,800.01	$9,850	$5,350	$8,762	$3,745

GROSS INCOME		NET	SOLA	70% OF
FROM	TO	INCOME	INCOME	NET
$9,850.01	$9,900	$5,381	$8,812	$3,767
$9,900.01	$9,950	$5,412	$8,862	$3,788
$9,950.01	$10,000	$5,443	$8,912	$3,810
$10,000.01	$10,050	$5,474	$8,962	$3,832
$10,050.01	$10,100	$5,505	$9,012	$3,854
$10,100.01	$10,150	$5,536	$9,062	$3,875
$10,150.01	$10,200	$5,568	$9,112	$3,898
$10,200.01	$10,250	$5,599	$9,162	$3,919
$10,250.01	$10,300	$5,630	$9,212	$3,941
$10,300.01	$10,350	$5,661	$9,262	$3,963
$10,350.01	$10,400	$5,692	$9,312	$3,984
$10,400.01	$10,450	$5,723	$9,362	$4,006
$10,450.01	$10,500	$5,754	$9,412	$4,028
$10,500.01	$10,550	$5,786	$9,462	$4,050
$10,550.01	$10,600	$5,817	$9,512	$4,072
$10,600.01	$10,650	$5,848	$9,562	$4,094
$10,650.01	$10,700	$5,879	$9,612	$4,115
$10,700.01	$10,750	$5,910	$9,662	$4,137
$10,750.01	$10,800	$5,941	$9,712	$4,159
$10,800.01	$10,850	$5,973	$9,762	$4,181
$10,850.01	$10,900	$6,004	$9,812	$4,203
$10,900.01	$10,950	$6,035	$9,862	$4,225
$10,950.01	$11,000	$6,066	$9,912	$4,246
$11,000.01	$11,050	$6,097	$9,962	$4,268
$11,050.01	$11,100	$6,128	$10,012	$4,290
$11,100.01	$11,150	$6,159	$10,062	$4,311
$11,150.01	$11,200	$6,191	$10,112	$4,334
$11,200.01	$11,250	$6,222	$10,162	$4,355
$11,250.01	$11,300	$6,253	$10,212	$4,377
$11,300.01	$11,350	$6,284	$10,262	$4,399
$11,350.01	$11,400	$6,315	$10,312	$4,421
$11,400.01	$11,450	$6,346	$10,362	$4,442
$11,450.01	$11,500	$6,377	$10,412	$4,464
$11,500.01	$11,550	$6,409	$10,462	$4,486
$11,550.01	$11,600	$6,440	$10,512	$4,508
$11,600.01	$11,650	$6,471	$10,562	$4,530
$11,650.01	$11,700	$6,502	$10,612	$4,551
$11,700.01	$11,750	$6,533	$10,662	$4,573
$11,750.01	$11,800	$6,564	$10,712	$4,595
$11,800.01	$11,850	$6,596	$10,762	$4,617
$11,850.01	$11,900	$6,627	$10,812	$4,639
$11,900.01	$11,950	$6,658	$10,862	$4,661
$11,950.01	$12,000	$6,689	$10,912	$4,682
$12,000.01	$12,050	$6,720	$10,962	$4,704
$12,050.01	$12,100	$6,751	$11,012	$4,726
$12,100.01	$12,150	$6,782	$11,062	$4,747
$12,150.01	$12,200	$6,814	$11,112	$4,770
$12,200.01	$12,250	$6,845	$11,162	$4,792
$12,250.01	$12,300	$6,876	$11,212	$4,813
$12,300.01	$12,350	$6,907	$11,262	$4,835
$12,350.01	$12,400	$6,938	$11,312	$4,857
$12,400.01	$12,450	$6,969	$11,362	$4,878
$12,450.01	$12,500	$7,000	$11,412	$4,900
$12,500.01	$12,550	$7,032	$11,462	$4,922
$12,550.01	$12,600	$7,063	$11,512	$4,944
$12,600.01	$12,650	$7,094	$11,562	$4,966
$12,650.01	$12,700	$7,125	$11,612	$4,988
$12,700.01	$12,750	$7,156	$11,662	$5,009
$12,750.01	$12,800	$7,187	$11,712	$5,031
$12,800.01	$12,850	$7,219	$11,762	$5,053
$12,850.01	$12,900	$7,250	$11,812	$5,075
$12,900.01	$12,950	$7,281	$11,862	$5,097
$12,950.01	$13,000	$7,312	$11,912	$5,118

CHECKLIST OF ESSENTIAL INFORMATION

(See the Child Support Guidelines for Explanations and Definitions)

INCOME:

What is Father's gross monthly income from all sources?	$_____
What is Mother's gross monthly income from all sources?	$_____
How many children are covered by this child support calculation?	#_____

CHILD CARE EXPENSE:

How much is the monthly child care expense?	$_____
How much of this is paid by Father?	$_____
How much of this is paid by Mother?	$_____

HEALTH INSURANCE:

Who pays the monthly health insurance premium? (Circle one)	Father	Mother
How much is the monthly premium for the plan that includes the children?	$_____	
How much would the monthly premium be for that parent alone?	$_____	

If NO Health Insurance:

Who was ordered to pay "cash medical"? (Circle one)	Father	Mother
How much was ordered for "cash medical"?	$_____	
Who ordered the payment for "cash medical"? (Circle one)	Court/judge	CSEA/OCSH/ child support agency

OVERNIGHTS WITH THE CHILDREN:
(if both parents have more than 143 overnights)**:**

How many overnights per year does Father have?	#_____
How many overnights per year does Mother have?	#_____