

<hr/> <p style="text-align: center;">(Full Name) PLAINTIFF</p> <p style="text-align: center;">v.</p> <hr/> <p style="text-align: center;">(Full Name) DEFENDANT</p>	<p>This document is prepared by:</p> <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> Atty for Plaintiff <input type="checkbox"/> Atty for Defendant
	<hr/> <p>Name</p> <hr/> <p>Address</p> <hr/> <p>City, State, Zip Code</p> <hr/> <p>Telephone Number</p>

1. **CASH** (on hand or held by others for me): None \$ _____.

2. **CREDIT UNION ACCOUNTS:** None

<u>Name</u>	<u>Title (Plaintiff, Defendant, Joint, Other)</u>	<u>Credit Balance</u>	<u>Debt Balance</u>

3. **BANK AND SAVINGS ACCOUNTS:** None (Include Trustee Accounts)

<u>Company & Branch</u>	<u>Type of Account</u>	<u>Title (Plaintiff, Defendant, Joint, Other)</u>	<u>Current Balance</u>



In accordance with the Americans with Disabilities Act, as amended, and other applicable state and federal laws, if you require accommodation for a disability, please contact the ADA Coordinator at the First Circuit Family Court office by telephone at 954-8200, fax 954-8308, or via email at adarequest@courts.hawaii.gov at least ten (10) working days prior to your hearing or appointment date.

Please call the Family Court Service Center at 954-8290 if you have any questions about forms or procedures.

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4. SECURITIES: None (Stocks, Bonds, Mutual Funds, Certificates of Deposit, etc.)

<u>Company</u>	<u>Title (Pltf, Dft, Jt, Other)</u>	<u>Date of Acquisition</u>	<u>Cost</u>	<u>Market Value</u>	<u>Debt Owed</u>

5. VEHICLES: None (Autos, Trucks, Motorcycles, Trailers, Campers, Boats, etc.)

<u>Year</u>	<u>Make</u>	<u>Title (Pltf, Dft, Jt, Other)</u>	<u>Current Market Value</u>	<u>Debt Owed Against</u>

6. REAL PROPERTY: None

<u>Address</u>	<u>Title</u>	<u>Fee or Lease</u>	<u>Date of Acquisition</u>	<u>Cost</u>	<u>Current Gross Value</u>	<u>Total Debt Owed</u>

7. LIFE INSURANCE: None

<u>Company</u>	<u>Person Insured</u>	<u>Face Amount</u>	<u>Beneficiary</u>	<u>Title (Pltf, Dft, Jt, Other.)</u>	<u>Cash Value</u>	<u>Debt Owed Against</u>

ASSET AND DEBT STATEMENT

CASE NUMBER

Plaintiff Defendant Both Parties

FC-D No.

8. RETIREMENT; PENSION; PROFIT SHARING ACCOUNTS: None

Employer or Company Title (Plaintiff, Defendant, Joint, Other) Type of Plan Years in Plan Total Value

9. ALL OTHER MAJOR ASSETS: None (Furniture, Household Effects, Art, Stamps, Coins, Equipment, Tools, Jewelry, Investment Assets, Accounts Receivable, Business Assets, Cemetery Plots or Niches, Tax Refund Due, etc.)

General Description Title (Plf, Deft, Jt, Other) Estimated Gross Debt Owed Against

10. PROPERTY HELD IN TRUST FOR OR BY THIRD PERSON(S): None

(Aside from Bank & Savings Accounts Noted in paragraph 3.)

Description Trustee(s) Beneficiaries Value Debt Owed Against

STATE OF HAWAI'I FAMILY COURT FIRST CIRCUIT	ASSET AND DEBT STATEMENT <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> Both Parties	CASE NUMBER FC-D No.
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11. ALL OUTSTANDING DEBTS: None (Include those listed in paragraphs 2,4, 5, 6, 7, 9, and 10 above in addition to all charges, finance companies, and personal loans.)

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

Total Debt in Plaintiff's Name Alone: _____

Total Debt in Defendant's Name Alone: _____

Total Debt in Joint Names: _____

CERTIFICATION

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

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