STATE OF HAWAI'I
FAMILY COURT OF THE
FIRST CIRCUIT

This document is prepared by
[   ] Self-Represented ☐ Petitioner/Plaintiff ☐ Respondent/Defendant
[   ] Attorney for ☐ Petitioner/Plaintiff ☐ Respondent/Defendant

_____
Name (and if applicable, Attorney No.)

_____
Address

_____
City, State, Zip Code

_____
Telephone Number

_____
E-Mail Address

CASE NAME	CASE ID/NUMBER

TITLE OF DOCUMENT

RG-AC-508(10/2022) WF

<table>
<tr>
<td>FAMILY COURT
FIRST JUDICIAL CIRCUIT
STATE OF HAWAI'I</td>
<td>MOTION AND DECLARATION
TO MODIFY CHILD SUPPORT</td>
<td>CASE NUMBER

FC- _____ NO. _____</td>
</tr>
</table>

[ ] CHILD SUPPORT ENFORCEMENT AGENCY,
    STATE OF HAWAI'I, and
 	
_____
[ ] MOTHER   [ ] FATHER
                    PETITIONER(S)/
                    PLAINTIFF(S),
        vs.
 	
_____
[ ] MOTHER   [ ] FATHER   [ ] CARETAKER
 	
_____
[ ] MOTHER   [ ] FATHER   [ ] CARETAKER
 	
[ ] and CHILD SUPPORT ENFORCEMENT
    AGENCY, STATE OF HAWAI'I,
                    DEFENDANT(S).
	This document was prepared by: [ ] Petitioner/Plaintiff
	[ ] Defendant, _____
	[ ] Attorney for [ ]Petitioner/Plaintiff [ ]Defendant
	
	Name
	
	Address
	
	City, State, Zip Code
	
	Telephone Number
	
	ATTACHMENTS:
	[ ] FINANCIAL INFORMATION SHEET
	[ ] INCOME/EXPENSE AND ASSET/DEBT STATEMENTS
	[ ] CHILD SUPPORT GUIDELINES WORKSHEET
	[ ] COPY OF LAST THREE (3) PAY STUBS
	[ ] OTHER _____
	[X] HEARING SCHEDULING ORDER

I am the [ ]Mother [ ]Father [ ]Caretaker in this case. I am referred to as the Movant in this motion. The other party(ies) is/are referred to as Respondent(s) in this Motion. This Motion is made pursuant to Rule 7 of the Hawai'i Family Court Rules and Rules of the Circuit Courts. The following statements are made in support of this Motion:

1. **CHILD(REN) INVOLVED IN THIS REQUEST FOR CHILD SUPPORT MODIFICATION**: (Name and birth date of each child) _____

   _____

2. **DATE THE LAST CHILD SUPPORT ORDER WAS FILED**: _____

3. **CHILD SUPPORT/MEDICAL COVERAGE MODIFICATION REQUESTED**:
   [ ] Child support should be (check one): [ ]increased [ ]decreased [ ]terminated [ ]suspended.
   [ ] Medical coverage for the child(ren) should be provided by [ ]Mother [ ]Father.
   [ ] Other: _____

4. **THIS CHANGE IS REQUESTED BECAUSE**: (Check all that apply)
   [ ]4A.   A ten percent (10%) increase or decrease occurred in the Child Support Guidelines amount since the existing child support order went into effect.
   [ ]4B.   There is a need to provide for health care for the child(ren).
   [ ]4C.   Three (3) years have passed from the prior child support order and I am requesting a review and an adjustment of that order.
   [ ]4D.   I am currently unemployed because of the following reason: _____
   _____.
   [ ]4E.   Significant changes of circumstances of either a parent or the child(ren) has/have occurred as follows:

   _____

   _____

   _____

   _____.

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

DATE	SIGNATURE
	FOR COURT USE ONLY