

STATE OF HAWAI'I FAMILY COURT SECOND CIRCUIT	INCOME AND EXPENSE STATEMENT <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant	CASE NUMBER FC-D NO.
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<p style="text-align: center;">VS.</p> <p style="text-align: right;">PLAINTIFF (Full Name)</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p style="text-align: right;">DEFENDANT (Full Name)</p>	<p>This document is prepared by <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> Atty. for Plaintiff <input type="checkbox"/> Atty. for Defendant</p> <p>Name _____</p> <p>Address _____</p> <p>City, State, Zip _____</p> <p>Phone _____</p>
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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