

Plaintiff/Petitioner, Pro Se  Defendant/Respondent, Pro Se  
 Attorney for  Plaintiff/Petitioner  Defendant/Respondent

**IN THE FAMILY COURT OF THE SECOND CIRCUIT  
STATE OF HAWAII**

Child Support Enforcement Agency, ) FC-\_\_\_\_ NO. \_\_\_\_\_  
State of Hawaii, and )  
) **PATERNITY FINANCIAL SHEET**  
 Mother  Father )  
)  
Plaintiffs/Petitioners, )  
vs. )  
)  
)  
 Mother  Father  Caregiver )  
)  
 Mother  Father  Caregiver )  
)  
 and CHILD SUPPORT ENFORCEMENT AGENCY, )  
STATE OF HAWAII )  
)  
Defendants/Respondents.)

**PATERNITY FINANCIAL SHEET**

**INCOME: YOU MUST LIST ALL INCOME AMOUNTS AND SOURCES**  
**(NOTE: The Court may require you to file more detailed financial information)**

GROSS MONTHLY  
INCOME:

1. NAME OF PRIMARY EMPLOYER: \_\_\_\_\_ \$ \_\_\_\_\_  
Paid:  Monthly  2 times per month  every 2 weeks  weekly  other
2. OTHER INCOME:  
NAME OF SECOND EMPLOYER: \_\_\_\_\_ \$ \_\_\_\_\_  
INTEREST INCOME, name of financial institution(s) \_\_\_\_\_  
\_\_\_\_\_  
\$ \_\_\_\_\_  
NET RENTAL INCOME, location \_\_\_\_\_  
\$ \_\_\_\_\_  
OTHER: (i.e. social security, workers' comp, etc.) \_\_\_\_\_  
\$ \_\_\_\_\_
- TOTAL** \$ \_\_\_\_\_
3. MONEY RECEIVED FROM WELFARE BENEFITS: \$ \_\_\_\_\_

**EXPENSES**

1. Child care expenses paid by you, on behalf of child(ren) involved in case \$ \_\_\_\_\_
2. Medical and Dental Insurance paid for yourself \$ \_\_\_\_\_
3. Medical and Dental Insurance paid by you for your child(ren) involved in this case \$ \_\_\_\_\_
- TOTAL** \$ \_\_\_\_\_

**ASSETS - List the total amounts of the following:**

1. Credit Union/Bank/Savings Account Balances \$ \_\_\_\_\_
2. Securities Values, Stocks, Bonds, etc. \$ \_\_\_\_\_
3. Real Property Values \$ \_\_\_\_\_
4. Personal Property (car, jewelry, etc.) \$ \_\_\_\_\_

**CERTIFICATION: I declare under the penalty of law that the foregoing is true and correct.**

Dated: \_\_\_\_\_, Maui, Hawai'i, \_\_\_\_\_.  
Date

\_\_\_\_\_  
Signature of  Petitioner/Movant  Defendant/Movant