

<b>STATE OF HAWAI'I FAMILY COURT FIRST CIRCUIT</b>	<b>INCOME AND EXPENSE STATEMENT</b> <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant	CASE NUMBER <b>FC-CU No.</b>
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<p>_____ (Full Name) <b>PLAINTIFF,</b></p> <p style="text-align: center;">V.</p> <p>_____ (Full Name) <b>DEFENDANT.</b></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 <hr/> Name _____ <hr/> Address _____ <hr/> City, State, Zip Code _____ <hr/> Telephone No. _____
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Employer: \_\_\_\_\_ Occupation (Job Title): \_\_\_\_\_  
 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/401 K..... \$ \_\_\_\_\_

Credit Union..... \$ \_\_\_\_\_

Direct Deposit..... \$ \_\_\_\_\_

Income Assignments..... \$ \_\_\_\_\_

Support Payments..... \$ \_\_\_\_\_

Medical Insurance..... \$ \_\_\_\_\_

b) Take home per pay period..... \$ \_\_\_\_\_      Per month.....\$ \_\_\_\_\_

Other regular monthly income (rental income, 2<sup>nd</sup> 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 from lines **a** and **c** above).... \$ \_\_\_\_\_

FOR COURT USE ONLY

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 Office of the Chief Administrator at PHONE NO.954-8200, FAX 954-8212, or TTY 539-4853 at least ten (10) working days prior to your hearing or appointment date.  
 Please call Ho'okele, the Self-Help Desk, at 954-8290, if you have any questions about how to fill out this form.

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, electricity, phone, 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, e.g. 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, Transportation, Debt & Personal..... \$ \_\_\_\_\_

Savings, <Deficiency>: Income minus Expenses..... \$ \_\_\_\_\_

STATE OF HAWAII FAMILY COURT FIRST CIRCUIT	INCOME AND EXPENSE STATEMENT <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant Page 3 of 3 Pages	CASE NUMBER  FC-CU No.
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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	<input type="checkbox"/> PLAINTIFF'S <input type="checkbox"/> DEFENDANT'S SIGNATURE
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