| STATE OF HAWAI'I FAMILY COURT OF THE FIRST CIRCUIT | | |
|--|--|----------------|
| This document is prepared by [] Self-Represented □ Pet [] Attorney for □ Petitioner/ | | |
| Name (and if applicable, Attorney No.) | | |
| Address | | |
| City, State, Zip Code | | |
| Telephone Number | | |
| E-Mail Address | | |
| CASE NAME | | CASE ID/NUMBER |
| CAGE NAIVIE | | |
| TITLE OF DOCUMENT | | |
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| STATE OF HAWAI'I | INCOME AND EXP | ENSE STATEMENT | CASE NUMBER |
|---|----------------------------------|----------------------------|---------------------------------------|
| FAMILY COURT FIRST CIRCUIT | ☐ Plaintiff | ☐ Defendant | FC-CU No. |
| | | This document is prepar | • |
| (Full Name) PLAINTIFF, | | ☐ Plaintiff ☐ Defendant ☐ | Atty for Plaintiff Atty for Defendant |
| · | | Name | |
| V. | | Address | |
| | | | |
| (Full Name) DEFENDANT. | | City, State, Zip Code | |
| | | Telephone No. | |
| Employer: | | _Occupation (Job Title): _ | |
| Address: | | | |
| Length of Service: | | _ | sed on: dependents. |
| | | <u>COME</u> | |
| | | | ekly, □ or other |
| Grossper pay period | | Per month | \$ |
| Payroll deductions per pay pe | eriod: \$ | | |
| | | | |
| | \$ | | |
| • | \$ | | |
| | \$ | | |
| a) Net per pay period | \$ Per | r month\$ | |
| Other: Retirement/401 K | \$ | | |
| Credit Union | \$ | | |
| Direct Deposit | \$ | | |
| Income Assignments | \$ | | |
| Support Payments | \$ | | |
| | \$ | | |
| b) Take home per pay period | \$ Per | r month\$ | |
| Other regular monthly income stamps, and any other source). | | | |
| Gross monthly receipt | \$ | | |
| Taxes paid IRS and Stat | te on above \$ | | |
| c) Total other income net | \$ | | |
| Total Monthly Income (Add pe | er month from lines a and | l 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.

| STATE OF HAWAI'I FAMILY COURT | INCOME AND EXPENSE STATEMENT Plaintiff Defendant | CASE NUMBER | | |
|---|---|-----------------|--|--|
| FIRST CIRCUIT | Page 2 of 3 Pages | FC-CU No. | | |
| | <u>EXPENSES</u> | | | |
| Do not list expenses which are paid by payroll deduction. | | | | |
| Housing expenses per month: | | | | |
| Rent, mortgage, agreement of sale\$ | | | | |
| Insurance if not included | | | | |
| Real property taxes (if pa | | | | |
| Utilities (gas, water, electri | city, phone, etc.) \$ | | | |
| Transportation expenses per i | month: | | | |
| Car payment, lease, rent | al | | | |
| Insurance on vehicle | \$ | | | |
| Maintenance (repairs) | \$ | | | |
| Operating (gas, oil & tires) | \$ | | | |
| Total Housing and Transportat | ion Expenses | \$ | | |
| Debt service (all monthly payme) | nts, e.g. credit cards, charges, finance company, persona | Lloans)\$ | | |
| | | | | |
| Personal Expenses per month | | Children No. () | | |
| | \$ | \$ | | |
| | \$ | \$ | | |
| | \$ | \$ | | |
| | \$ | \$ | | |
| Personal articles | \$ | \$ | | |
| Recreation (movies, etc.). | \$ | \$ | | |
| School (include food) | \$ | \$ | | |
| | \$ | \$ | | |
| Bus (on monthly basis) | \$ | \$ | | |
| Other (|)\$ | \$ | | |
| Payment to others for de | pendent care \$ | \$ | | |
| Sub-Totals | \$ | \$ | | |
| Total Personal Expenses | \$ | | | |
| Grand Total Expenses: I | Housing, Transportation, Debt & Personal | \$ | | |
| Savings, < Deficiency>: I | ncome minus Expenses | \$ | | |

| STATE OF HAWAI'I FAMILY COURT | INCOME AND EXPENSE STATEMENT Plaintiff Defendant | CASE NUMBER | | |
|--|---|------------------------------|--|--|
| FIRST CIRCUIT | Page 3 of 3 Pages | FC-CU No. | | |
| Explain in detail where savings are invested, or if there is a <deficiency>, who provides the funds</deficiency> | | | | |
| to maintain the level of spend | ding indicated in this income and expense sta | atement. (Use separate sheet | | |
| if more space is needed.) | | | | |
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| | 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 | ☐PLANTIFF'S ☐ DEFENDANT'S SIGN | NATURE | | |
| | | | | |
| | | | | |