STATE OF HAWAI'I FAMILY COURT FIRST CIRCUIT	**ASSET AND DEBT STATEMENT** ☐ **Plaintiff** ☐ **Defendant** ☐ **Both Parties**	CASE NUMBER FC-CU No.

_____
(Full Name) PLAINTIFF

v.

_____
(Full Name) DEFENDANT

This document is prepared by:

☐ Plaintiff ☐ Defendant ☐ Atty for Plaintiff ☐ Atty for Defendant

Name _____

Address _____

City, State, Zip Code _____

Telephone Number _____

1. **CASH** (on hand or held by others for me): ☐ None ☐ $ _____.

2. **CREDIT UNION ACCOUNTS:** ☐ None

Name	Title (Plaintiff, Defendant, Joint, Other)	Credit Balance	Debt Balance

3. **BANK AND SAVINGS ACCOUNTS:** ☐ None (Include Trustee Accounts)

Company & Branch	Type of Account	Title (Plaintiff, Defendant, Joint, Other)	Current Balance

In accordance with the Americans with Disabilities Act, as amended, and other applicable state and federal laws, if you require accommodation for a disability, please contact the ADA Coordinator at the First Circuit Family Court office by telephone at 954-8200, fax 954-8308, or via email at adarequest@courts.hawaii.gov at least ten (10) working days prior to your hearing or appointment date.

Please call the Family Court Service Center at 954-8290 if you have any questions about forms or procedures.

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RESET FORM

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4. SECURITIES: ☐ None (Stocks, Bonds, Mutual Funds, Certificates of Deposit, etc.)

Company	Title (Pltf, Dft, Jt, Other)	Date of Acquisition	Cost	Market Value	Debt Owed

5. VEHICLES: ☐ None (Autos, Trucks, Motorcycles, Trailers, Campers, Boats, etc.)

Year	Make	Title (Pltf, Deft, Jt, Other)	Current Market Value	Debt Owed Against

6. REAL PROPERTY: ☐ None

Address	Title	Fee or Lease	Date of Acquisition	Cost	Current Gross Value	Total Debt Owed

7. LIFE INSURANCE: ☐ None

Company	Person Insured	Face Amount	Beneficiary	Title (Pltf, Deft, Jt, Other.)	Cash Value	Debt Owed Against

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8. RETIREMENT; PENSION; PROFIT SHARING ACCOUNTS: ☐None

Employer or Company	Title (Plaintiff, Defendant, Joint, Other)	Type of Plan	Years in Plan	Total Value

9. ALL OTHER MAJOR ASSETS: ☐None (Furniture, Household Effects, Art, Stamps, Coins, Equipment, Tools, Jewelry, Investment Assets, Accounts Receivable, Business Assets, Cemetery Plots or Niches, Tax Refund Due, etc.)

General Description	Title (Plf, Deft, Jt, Other)	Estimated Gross	Debt Owed Against

10. PROPERTY HELD IN TRUST FOR OR BY THIRD PERSON(S): ☐None
(Aside from Bank & Savings Accounts Noted in paragraph 3.)

Description	Trustee(s)	Beneficiaries	Value	Debt Owed Against

STATE OF HAWAI'I FAMILY COURT FIRST CIRCUIT	**ASSET AND DEBT STATEMENT** ☐ **Plaintiff** ☐ **Defendant** ☐ **Both Parties**	CASE NUMBER FC-CU No.

11. ALL OUTSTANDING DEBTS: ☐ None (Include those listed in paragraphs 2,4, 5, 6, 7, 9, and 10 above in addition to all charges, finance companies, and personal loans.)

Creditor	Debtor (Pltf, Deft, Jt, Other)	Security	Mo./Yr. Debt Incurred	Total Balance	Minimum Monthly Payment

Total Debt in Plaintiff's Name Alone: _____

Total Debt in Defendant's Name Alone: _____

Total Debt in Joint Names: _____

CERTIFICATION

I hereby declare under the penalty of perjury that I have supplied and reviewed the information used in this *Asset and Debt Statement* and have reviewed this *Statement* and I certify that the information is accurate, complete, and correct.

DATE	☐ PLAINTIFF'S ☐ DEFENDANT'S SIGNATURE
DATE	☐ PLAINTIFF'S ☐ DEFENDANT'S SIGNATURE