

**STATE OF HAWAII
FAMILY COURT OF THE THIRD CIRCUIT
INSTRUCTIONS RE: DIVORCE FORMS
(With Children)**

Attached you will find subject forms for your completion. Please review the following instructions:

1. The filing fee for divorces with minor children is \$265 payable at the time of filing. You may also apply for a waiver of the filing fees by completing the attached *Declaration in Support of Request to Proceed In Forma Pauperis* (H.R.S. Section 607-3). Please complete the *Asset & Debt* and *Income & Expense* forms for submission with the Waiver.

NOTE: Should you qualify for legal services, you may contact the following agencies for a waiver of filing fee and assistance in completing the forms.

Legal Aid:

Hilo: Phone Number - 808-961-2851
Kona: Phone Number – 808-329-3910

Volunteer Legal Services Hawai'i:

Hilo: Phone Number – 808-528-7046
Kona: Phone Number – 1-800-839-5200

Consumer Lawyers Referral Service:

Kona: Phone Number – 1-888-518-9898

Should you decide to file on your own, you may research the Divorce Manual and the Uncontested Divorce Information and Sample Forms Folder in the Law Library at the following locations:

**Hale Kaulike
777 Kilauea Avenue
Hilo, Hawai'i**

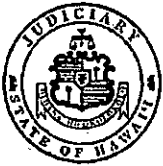
**Keahuolu Courthouse
74-5451 Kamakaeha Avenue
Kailua-Kona, Hawai'i**

2. Forms should be completed in black ink or typewritten.
3. To initiate case, complete the
 - a. *Complaint for Divorce; Automatic Restraining Order; and Summons to Answer Complaint;*
 - b. *Matrimonial Action Information Sheet*. If there is any unknown information, indicate "unknown.";

- c. Exhibit Pertaining to Conciliation, Child Care and Custody Proceedings;
and the
 - d. Kid's First Information Sheet
4. The parties' names, as they appear on the Complaint, should be the same throughout the whole case unless ordered by the court to be changed.
 5. When ready to file, submit your original documents to the court.
 6. Please be sure to complete your contact information (telephone number / email address) on your Complaint so that the court may contact you when your documents are ready for pick up.



If you need an accommodation for a disability when participating in a court program, service, or activity, please contact the ADA Coordinator as far in advance as possible to allow time to provide an accommodation. Call the ADA Coordinator at (808) 961-7629, Fax (808) 961-7577, or send an e-mail to adarequest@courts.hawaii.gov. The ADA Coordinator will try to provide, but cannot guarantee, the requested auxiliary aid, service, or accommodation.



Third Circuit - THE JUDICIARY - STATE OF HAWAII

KEAHUOLU COURTHOUSE: 74-5451 KAMAKA'EHA AVENUE - KAILUA-KONA, HAWAII 96740 - TELEPHONE (808)322-8700
HALE KAULIKE: 777 KILAUEA AVENUE - HILO, HAWAII 96720-4212 - TELEPHONE (808) 961-7400
WAIMEA CIVIC CENTER AT KAMUELA - 67-5187 KAMAMALU ST. - KAMUELA, HAWAII 96743 - TELEPHONE (808)443-2030

ROBERT D.S. KIM
CHIEF/ADMINISTRATIVE JUDGE

DAWN G. WEST
CHIEF COURT ADMINISTRATOR

CIRCUIT COURT
HENRY T. NAKAMOTO
PETER K. KUBOTA
WENDY M. DEWEESE
Senior Family Court Judge

DISTRICT & FAMILY COURT
M.KANANI LAUBACH
Deputy Chief Judge, District Division

Darien W. L. Ching Nagata
Jeffrey A. Hawk
Jeffrey W. Ng
Kimberly B. Taniyama

FAMILY COURT JUDGE'S SUPPLEMENTAL MEMORANDUM FAMILY COURT OF THE THIRD CIRCUIT

TO: All Attorneys Practicing in the Third Circuit; Family and Circuit Courts; and All Persons Filing Divorce Actions in Third Circuit Who Have Minor Children Affected by the Divorce


FROM: Robert D. S. Kim, Chief Judge and *R*
Wendy M. DeWeese, Senior Family Court Judge *WMS*

DATE: January 25, 2022

This Supplemental Memorandum corrects and clarifies the Family Court Judge's Memorandum dated January 20, 2022. The Family Court did not intend to change its policy regarding completion of the KIDS FIRST program.

As such, no decree of divorce that includes custody and visitation orders shall be granted unless the parties have also filed the verification of online program completion form or the Court has approved a waiver request.

Options for completing KIDS FIRST mandatory online program are as follows:

1. Log onto <https://kidsfirsthawaii.com/contact/neighbor-islands/hawaii-island>
2. Scan this QR code with your smart device → 
3. Visit our Hilo or Kona courthouse law library for our computer kiosk
4. Submit a request for waiver or extension to complete the online program

Notice to Attend Kids First Online Program, Verification of Online Program Completion and Request for Waiver or Extension of Time to Attend Kids First Online Program are

attached. These forms will be available online on our judiciary website <http://www.courts.state.hi.us> shortly.


To continue to make our courts accessible to all parties, any documents presented to the Family Court for filing will be accepted, regardless of form. However, to ensure compliance with the KIDS FIRST program, Family Court judges may refuse to grant a decree of divorce to the parties until a fully executed Verification of Online Program Completion form is filed with the Court, or the Court has approved a waiver request.

**Circuit Court of the Third Circuit
State of Hawai'i**

Chambers of Robert D. S. Kim
Chief Judge
Senior Family Court Judge

**FAMILY COURT JUDGE'S MEMORANDUM
FAMILY COURT OF THE THIRD CIRCUIT**

TO: All Attorneys Practicing in the Third Circuit; Family and Circuit Courts; and
All Persons Filing Divorce Actions in Third Circuit Who Have Minor Children
Affected by the Divorce

FROM: Robert D. S. Kim, Chief Judge and Senior Family Court Judge 

DATE: January 20, 2022

For cases filed after January 24, 2022, all divorce action plaintiffs and defendants who have minor children from the marriage, are **ORDERED** to attend the online Kids First Program sponsored by the Family Court of the Third Circuit. Such plaintiffs and defendants are **FURTHER ORDERED** that all minor children between 6 and 18 years of age who are residing with them who will be affected by the divorce also must attend. The online program can be found at <https://kidsfirsthawaii.com/contact/neighbor-islands/hawaii-island/>.

Attendance is mandatory even if there is no dispute about custody and visitation arrangements for the minor children.

No complaint for divorce which alleges that the parties have minor children shall hereafter be filed unless accompanied by the original and at least one copy of a verification of online program completion form (see attached form).

Family Court judges may refuse to grant a divorce to the parties until they attend this program.

IN THE FAMILY COURT OF THE THIRD CIRCUIT
DIVISION
STATE OF HAWAII

Full Name (Plaintiff),
vs.
Full Name (Defendant)

CASE NO.:

**VERIFICATION OF ONLINE PROGRAM
COMPLETION**

VERIFICATION OF ONLINE PROGRAM COMPLETION

Pursuant to Hawaii Revised Statutes Section 607-5.6, the Third Circuit Court provided online parent education for separating parties in matrimonial actions, where either party has a minor child, and for parties in parentage actions and the following party verifies completion of the program located at

<https://kidsfirsthawaii.com/contact/neighbor-islands/hawaii-island/>

_____ hereby verifies that I viewed in its entirety the following videos:
(Full Name)

- (Check all that apply)
- The Purple Family
 - Judge Video
 - Presentations:
 - Self Help Centers
 - Mediation Centers
 - Visitation Centers
 - Name of presentation: _____

_____ hereby verifies that child(ren):
(Full Name)

Child's initials / Child's year of birth

viewed in its entirety the following videos and completed the following activities:
(Check all that apply)

- The Purple Family
- Presentations:
 - _____
 - _____

DATED: _____, Hawai'i _____

Signature

Full Name: _____



In accordance with the Americans with Disabilities Act and other applicable state and federal laws, if you require an accommodation for a disability when working with a court program, service, or activity, please contact the Disability Accommodations Coordinator at PHONE NO. (808)961-7629, FAX (808)961-7577, or email adarequest@courts.hawaii.gov at least ten (10) working days before your proceeding, hearing or appointment date.

STATE OF HAWAII
FAMILY COURT
THIRD CIRCUIT

KIDS FIRST
INFORMATION SHEET
[] HILO [] KONA DIVISION

CASE NUMBER

FC-D NO.

PLAINTIFF/PARENT A

DEFENDANT/PARENT B

NAME: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

TELEPHONE: _____

TELEPHONE: _____

DATE OF PROGRAM: _____

C-H-I-L-D-R-E-N

NAME/SEX

AGE/DATE OF BIRTH

LIVING WITH WHOM

1. _____

_____/_____/_____

2. _____

_____/_____/_____

3. _____

_____/_____/_____

4. _____

_____/_____/_____

5. _____

_____/_____/_____

Do Not Write Below This Line

FOR STAFF USE ONLY

ATTENDED
(Y,N)

NOTES

VERIFICATION
(SIG) (DATE)

PARENT A

PARENT B

CHILD 1

CHILD 2

CHILD 3

CHILD 4

CHILD 5

STATE OF HAWAII FAMILY COURT THIRD CIRCUIT	DECLARATION IN SUPPORT OF REQUEST TO PROCEED IN FORMA PAUPERIS	CASE NUMBER FC-D NO.
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VS.

PLAINTIFF,

DEFENDANT,

DECLARATION IN SUPPORT OF REQUEST
TO PROCEED IN FORMA PAUPERIS

I, _____, am the Plaintiff in the above-entitled case. In support of my motion to proceed without being required to prepay fees or costs or give security therefor, (knowing fully that this does not cover the request or cost for transcripts, service fees, etc.), I state that because of my poverty, I am unable to pay the costs of said proceedings or give security therefor; that I believe I am entitled to redress.

I declare that the responses which I have made below are true.

1. Are you presently employed?

Yes No

a. If the answer is yes, state the amount of your monthly salary/wages and give the name and address of your employer.

b. If the answer is no, state the date of last employment and the amount of the monthly salary/wages which you received.

2. Have you received within the past twelve months any money from any of the following sources:
- a. Business, profession or form of self-employment?
 Yes No
 - b. Rent payments, interest or dividends?
 Yes No
 - c. Pensions, annuities or life insurance payments?
 Yes No
 - d. Gifts or inheritances?
 Yes No
 - e. Any other sources?
 Yes No

In the answer to any of the above is yes, describe each source of money and state the amount received from each during the past twelve months.

3. Do you have any cash or do you have money in a checking or savings account?
 Yes No
If the answer is yes, state the total value owned:

4. Do you own any real estate, stocks, bonds, notes, automobiles or other valuable property (excluding ordinary household furnishing and clothing)?
 Yes No
If the answer is yes, describe the property and state its approximate value.

STATE OF HAWAII
FAMILY COURT
THIRD CIRCUIT

DECLARATION IN SUPPORT
OF REQUEST TO PROCEED
IN FORMA PAUPERIS

CASE NUMBER

FC-D NO.

5. List the persons who are dependent upon you for support; state your relationship to those persons; and indicate how much you contribute toward their support.

I UNDERSTAND THAT A FALSE STATEMENT OR ANSWER TO ANY QUESTIONS IN THIS DECLARATION WILL SUBJECT ME TO PENALTIES FOR PERJURY.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Signed this _____ day of _____, 20 _____

Plaintiff's Signature

APPROVED/DENIED AND SO ORDERED:

Judge of the above-entitled Court

STATE OF HAWAII FAMILY COURT THIRD CIRCUIT	CASE ID/NUMBER
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**COMPLAINT FOR DIVORCE;
AUTOMATIC RESTRAINING ORDER;
AND SUMMONS TO ANSWER
COMPLAINT**

(Full Name) PLAINTIFF,
v.

(Full Name) DEFENDANT.

COURT USE ONLY

This document is prepared by:
 Self-Represented Plaintiff
 Attorney for Plaintiff

Name (and if applicable, Attorney No.)

Address

City, State, Zip Code

Telephone Number

E-Mail Address

I, the Plaintiff, in support of this Complaint for Divorce allege the following:

1. Jurisdiction (Please check all that apply)

a. I am domiciled on Hawai'i Island, State of Hawaii, at the time of the filing this Complaint. (HRS § 580-1(a)/Act 69 of the 2021 Legislative Session.)

b. I am residing on a military or federal base, installation, or reservation within the State of Hawaii or am in the State of Hawaii under military orders. HRS §580-1(a).

STATE OF HAWAII FAMILY COURT THIRD CIRCUIT	COMPLAINT FOR DIVORCE	CASE ID/NUMBER _____
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c. The marriage was solemnized under Hawai'i Revised Statutes and Chapter 572 and both parties are domiciled in a jurisdiction that does not recognize the marriage.

2. a. **Marriage:** The parties (Plaintiff and Defendant) are lawfully married to each other.

Date of marriage: _____.

3. Child(ren):

- a. The parties have no children together.
- b. The parties have ____ (how many) child(ren) under age 18 together.
- c. The parties have ____ (how many) child(ren) age 18 or older together, who are dependent on them for support.
- d. The parties have ____ (how many) child(ren) age 18 or older together, who are not dependent on them for support.
- e. Plaintiff has ____ (how many) child(ren) born during the marriage or civil union for whom Defendant is not the biological parent.
- f. Defendant has ____ (how many) child(ren) born during the marriage or civil union for whom Plaintiff is not the biological parent.
- g. Plaintiff is pregnant and Defendant is not the biological parent.
- h. Defendant is pregnant and Plaintiff is not the biological parent.

4. Custody and Visitation:

- a. Legal custody of the minor child(ren) should be awarded to:
 - Me, Plaintiff. My spouse/partner, Defendant. Both parties jointly.
- b. Physical custody of the minor child(ren) should be awarded to:
 - Me, Plaintiff. My spouse/partner, Defendant. Both parties jointly.

STATE OF HAWAII FAMILY COURT THIRD CIRCUIT	COMPLAINT FOR DIVORCE	CASE ID/NUMBER <hr/>
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c. The parent not awarded physical custody should have:

Reasonable visitation Supervised visitation _____

d. Child support should be awarded in accordance to the Child Support Guidelines.

5. **Division of Assets:** All assets of the Defendant and I own should be divided in a just and equitable way.

6. **Division of Debts:** All debts the Defendant and I owe should be divided in a just and equitable way.

7. **Spousal Support (Alimony):**

a. I am entitled to an order that the Defendant pay spousal support (alimony) to me.

b. Defendant is is not entitled to an order that I pay spousal support (alimony) to him/her.

8. **Grounds:** Pursuant to HRS section 580-1, I allege that the ground(s) for divorce is/are as follows:

a. The marriage is irretrievably broken.

b. The parties have lived separate and apart under a decree of separation from bed and board, entered by a court of competent jurisdiction, the term of separation has expired and no reconciliation has been effected.

c. The parties have lived separate and apart for a period of two years or more under a decree of separate maintenance entered by a court of competent jurisdiction and no reconciliation has been effected.

d. The parties have lived separate and apart for a continuous period of two years or more immediately preceding the application, there is no likelihood that cohabitation will be resumed, and in the particular circumstances of the case, it would not be harsh and oppressive to the Defendant or contrary to public interest to grant a divorce on this ground of the Complaint of the Plaintiff.

STATE OF HAWAII FAMILY COURT THIRD CIRCUIT	COMPLAINT FOR DIVORCE	CASE ID/NUMBER <hr/>
<p>It is requested of the Court that a decree be entered granting a divorce from the bonds of matrimony and granting the relief requested above, all as alleged and as may be appropriate and in accordance with the evidence and the law, and other relief as the Court deems proper in this case.</p> <p>I declare under penalty of perjury that the statements made herein are true and correct to the best of my knowledge, information, and belief.</p>		
DATE	PLAINTIFF'S SIGNATURE	



If you need an accommodation for a disability when participating in a court program, service, or activity, please contact the ADA Coordinator as far in advance as possible to allow time to provide an accommodation: Call the ADA Coordinator at (808)961-7629, Fax (808)961-7577, or send an e-mail to adarequest@courts.hawaii.gov. The ADA Coordinator will try to provide, but cannot guarantee, the requested auxiliary aid, service, or accommodation.

STATE OF HAWAII FAMILY COURT THIRD CIRCUIT	CASE ID/NUMBER
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AUTOMATIC RESTRAINING ORDER

(Full Name)	v.	PLAINTIFF.
(Full Name)		DEFENDANT.

COURT USE ONLY

This document is prepared by:
 Self-Represented Plaintiff
 Attorney for Plaintiff

Name (and if applicable, Attorney No.)

Address

City, State, Zip Code

Telephone Number

E-Mail Address

AUTOMATIC RESTRAINING ORDER

Pursuant to sections 580-10.5 and 571-53 of the Hawai'i Revised Statutes (HRS), IT IS HEREBY ORDERED that:

- (1) Each party to a Complaint for annulment, divorce, or separation, shall automatically be subject to a restraining order that **shall be effective on the Plaintiff upon the filing of the Complaint and Summons or any other acceptance of service by the Defendant;**
- (2) Neither party shall sell, transfer, encumber, conceal, assign, remove, or in any way

dispose of any property, real or personal, belonging to or acquired by either party, except as:

- (a) Required for reasonable living expenses;
 - (b) Occurring in the ordinary and usual course of business;
 - (c) Required or payment of reasonable attorney's fees and costs in connect with the action;
 - (d) Occurring pursuant to a written agreement of both parties; or
 - (e) Required by order of the court;
- (3) Neither party shall incur any further debts that would burden the credit of the other party, including, but not limited to further borrowing against any credit line secured by the marital residence or unreasonably using credit cards or cash advances against credit or bank cards provided that this paragraph shall not apply to reasonable amount of debt necessary for living and business expenses, including child educational expenses and reasonable litigation fees and costs for the pending action;
- (4) Neither party shall directly or indirectly change the beneficiary of any life insurance policy, pension, or retirement plan, or pension or retirement investment account, except with the written consent of the other party or by order of the court;
- (5) Neither party shall directly or indirectly cause the other party or a minor child to be removed from coverage under an existing insurance policy, including medical, dental, life, automobile, and disability insurance. The parties shall maintain all insurance coverage in full force and effect; and
- (6) Neither party shall remove a minor child of the parties from the island of that child's current residence nor remove a minor child of the parties from the school that child is currently attending.

STATE OF HAWAII FAMILY COURT THIRD CIRCUIT	AUTOMATIC RESTRAINING ORDER	CASE ID/NUMBER
<p>(7) This Automatic Restraining Order shall remain in effect during the pendency of the action, unless it is modified by agreement of the parties, or by further order of the court.</p> <p>(8) The language of the Automatic Restraining Order shall be consistent with HRS section 580-10.5; if not, the <i>Complaint for Divorce, Automatic Restraining Order; and Summons to Answer Complaint</i> shall be reviewed, corrected, or replaced and signed by the Court before being resubmitted for filing by the Clerk of the Court. An Automatic Restraining Order that is inconsistent with HRS section 580-10.5 may result in sanctions.</p>		
DATE <input type="checkbox"/> Hilo, <input type="checkbox"/> Kona, Hawaii	SIGNATURE OF THE CLERK OF THE COURT PRINT CLERK'S NAME:	



If you need an accommodation for a disability when participating in a court program, service, or activity, please contact the ADA Coordinator as far in advance as possible to allow time to provide an accommodation: Call the ADA Coordinator at (808)961-7629, Fax (808)961-7577, or send an e-mail to adarequest@courts.hawaii.gov. The ADA Coordinator will try to provide, but cannot guarantee, the requested auxiliary aid, service, or accommodation.

STATE OF HAWAI'I FAMILY COURT THIRD CIRCUIT	CASE ID/NUMBER
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**SUMMONS
TO ANSWER COMPLAINT**

(Full Name)		PLAINTIFF,
	v.	
		DEFENDANT.
		(Full Name)

COURT USE ONLY

This document is prepared by:

Self-Represented Plaintiff
 Attorney for Plaintiff

Name (and if applicable, Attorney No.)

Address

City, State, Zip Code

Telephone Number

E-Mail Address

TO THE DEFENDANT:

You are hereby summoned and required to file and serve upon the Plaintiff's attorney, or upon the Plaintiff if the Plaintiff is not represented by an attorney, a written answer to the attached Complaint for Divorce within 20 days after service of this Summons upon you, exclusive of the date of service.

Your written Answer must be filed with the Chief Clerk of this Circuit at the following location or address:

Hilo Division, Hale Kaulike, 777 Kilauea Avenue, Hilo, Hawai'i	or	Kona Division, Keahuolu Courthouse, 74-5451 Kamakaeha Avenue, Kailua-Kona, Hawai'i 96740
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STATE OF HAWAII FAMILY COURT THIRD CIRCUIT	SUMMONS TO ANSWER COMPLAINT	CASE ID/NUMBER
<p>A copy of your Answer should be served upon the Plaintiff's attorney, or if the Plaintiff is not represented by an attorney, upon the Plaintiff at the address shown on the <i>Complaint for Divorce</i>. If you fail to file your written <i>Answer</i> within the 20-day time limit, further action may be taken in this case, including judgment for the relief demanded in the <i>Complaint for Divorce</i>, without further notice to you.</p> <p>THIS SUMMONS SHALL NOT BE PERSONALLY DELIVERED BETWEEN 10:00 P.M. AND 6:00 A.M. ON PREMISES NOT OPEN TO THE PUBLIC UNLESS A JUDGE OF THE DISTRICT OR CIRCUIT COURT PERMITS IN WRITING ON THE SUMMONS, PERSONAL DELIVERY DURING THOSE HOURS.</p> <p>FAILURE TO OBEY THE SUMMONS MAY RESULT IN AN ENTRY OF DEFAULT AND DEFAULT JUDGMENT AGAINST THE PERSON SUMMONED.</p>		
DATE [] Hilo, [] Kona, Hawaii	CLERK OF THE COURT PRINT CLERK'S NAME:	



If you need an accommodation for a disability when participating in a court program, service, or activity, please contact the ADA Coordinator as far in advance as possible to allow time to provide an accommodation: Call the ADA Coordinator at (808)961-7629, Fax (808)961-7577, or send an e-mail to adarequest@courts.hawaii.gov. The ADA Coordinator will try to provide, but cannot guarantee, the requested auxiliary aid, service, or accommodation.

STATE OF HAWAII FAMILY COURT THIRD CIRCUIT	MATRIMONIAL ACTION INFORMATION			CASE NUMBER FC-D NO.		
PLAINTIFF DEFENDANT	PREPARED: <input type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT <input type="checkbox"/> ATTORNEY FOR PLAINTIFF <input type="checkbox"/> ATTORNEY FOR DEFENDANT			DATE FILED		
NATURE OF CASE <input type="checkbox"/> DIVORCE <input type="checkbox"/> SEPARATION <input type="checkbox"/> ANNULMENT <input type="checkbox"/> OTHER						
ITEM	WIFE			HUSBAND		
FULL NAME						
BIRTH OR MAIDEN NAME						
ADDRESS STREET, APT. NO.						
TOWN, STATE, ZIP COUNTY						
PHONE	HOME	WORK		HOME	WORK	
SOCIAL SECURITY NUMBER						
DATE OF BIRTH						
PLACE OF BIRTH (State or Country)						
RACE						
HIGHEST GRADE COMPLETED						
HAWAII RESIDENT SINCE						
CIRCUIT RESIDENT SINCE						
PRIMARY EMPLOYER (Name and Address)						
JOB TITLE						
WORK SCHEDULE						
LENGTH OF SERVICE						
GROSS MONTHLY INCOME (All Sources)	Primary	Secondary	Welfare	Primary	Secondary	Welfare
DATE OF THIS MARRIAGE	DATE			COUNTY / STATE		
DATE OF SEPARATION <input type="checkbox"/> NOT SEPARATED	DATE			COUNTY / STATE		

MATRIMONIAL ACTION INFORMATION (Continued)						CASE NUMBER
						FC-D NO.
	FROM MONTH/YEAR	TO MONTH/YEAR	TERMINATED BY			STATE
			DIVORCE	ANNULMENT	DEATH	
WIFE'S PRIOR MARRIAGES						
HUSBAND'S PRIOR MARRIAGES						
CHILDREN: ALL CHILDREN OF EITHER PARTY FROM YOUNGEST TO OLDEST						
CHILD'S FULL NAME	M/F	BIRTHDATE	LEGAL PARENT (HUSBAND, WIFE OR OTHER)	PRESENT CUSTODY	SCHOOL AND GRADE	
INFORMATION REQUIRED FOR CUSTODY						
CHILDREN'S PRESENT ADDRESS:						
PLACES WHERE AND PERSONS WITH WHOM THE CHILDREN HAVE LIVED WITHIN THE LAST FIVE YEARS AND DATES						
ADDRESS	CARETAKERS			FROM MONTH/YEAR	TO MONTH/YEAR	
WIFE <input type="checkbox"/> IS <input type="checkbox"/> IS NOT PREGNANT. EXPECTED DELIVERY DATE:						
THE UNDERSIGNED SOLEMNLY AND SINCERELY DECLARES, UNDER PENALTY OF PERJURY, THAT THE STATEMENTS MADE HEREIN ARE TRUE AND CORRECT TO THE BEST OF HIS/HER KNOWLEDGE, INFORMATION AND BELIEF.						
DATE	SIGNATURE					

EXPENSES:

YES NO

CUSTODY: Do you feel custody will be an issue?

If yes, give NAMES OF CHILDREN whose custody is disputed and why you feel that you, rather than the other party, should have custody of the children:

VISITATION: What are your feelings about the children's visits with other parent?

What are your plans for visitation IF YOU DO NOT have custody?

What other activity of yours makes you feel your having custody would be in the children's best interest?

What activity of your spouse makes you feel it would be in the children's best interest for your spouse to have custody?

IV. AGENCY INFORMATION: If you or a member of your family are now active or have been known to any of the following agencies, please indicate the year of last contact with the agency:

- 1. Dept. of Social Services & Housing _____
- 2. Adult Probation _____
- 3. Family Court _____
- 4. Mental Health Clinic _____
- 5. Other (Name) _____

Are you willing to have the agency/person release information to this court?

Indicate anyone the court officer may contact who you feel will provide corroboration or information that the court may need:

V. INFORMATION REQUIRED FOR CUSTODY:

Child(ren)'s present address:

Places where the children have lived within the last five years:

Address:

Address:

**EXHIBIT PERTAINING TO CONCILIATION, CHILD CARE AND
CHILD CUSTODY PROCEEDINGS (PAGE 2)**

NAME and PRESENT ADDRESS of persons with whom the CHILD(REN) has/have lived during that period:

NAME:
ADDRESS:

NAME:
ADDRESS:

OTHER CUSTODY PROCEEDINGS:	YES	NO
1. Have you participated (as a party, witness, or in any other capacity) in any other litigation concerning your child(ren)'s custody in this or any other state?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have information of any custody proceeding concerning the children pending in a court of this or any other state?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you know of any person not a party to the proceedings who has physical custody of the child(ren) or claims to have custody or visitation rights with respect to the child(ren)?	<input type="checkbox"/>	<input type="checkbox"/>

IF YOUR ANSWER TO ANY OF THE ABOVE QUESTIONS IS YES, PLEASE PROVIDE THE FOLLOWING:

1. The nature of your participation in other proceedings:
2. The time, place, title of this court, case number and outcome, if any, of the other proceedings:
3. The names of the other persons involved in the other proceedings and their relationship to you:
4. Copies of any court orders in your possession relating to custody/visitation.

THE UNDERSIGNED SOLEMNLY AND SINCERELY DECLARES, UNDER PENALTY OF PERJURY, THAT THE STATEMENTS MADE HEREIN ARE TRUE AND CORRECT TO THE BEST OF HIS/HER KNOWLEDGE, INFORMATION AND BELIEF.

DATE

SIGNATURE

STATE OF HAWAII
FAMILY COURT
THIRD CIRCUIT

STATEMENT OF MAILING
EXHIBITS "1" AND "2"

CASE NUMBER

FC-D NO.

PLAINTIFF
(Full Name)

VS.

DEFENDANT
(Full Name)

This document is prepared by
 Plaintiff Atty. for Plaintiff

Name _____

Address _____

City, State, Zip _____

Phone _____

STATEMENT OF MAILING

I REPRESENT THAT I caused one certified copy each of the Complaint For Divorce; Summons to Answer Complaint; and Motion for Service by Mail and Affidavit; Order for Service by Mail; and _____, to be mailed by certified or registered mail, return receipt requested, restricted delivery to:

Defendant's Name

Defendant's Address

City/State/Zip

Defendant

At the time of mailing, the receipt attached hereto as Exhibit "1" was postmarked and dated. Thereafter, the return receipt attached as Exhibit "2" was received.

DATE

PLAINTIFF'S SIGNATURE

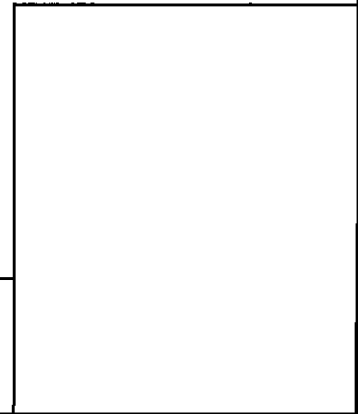


EXHIBIT "1"

EXHIBIT "2"

STATE OF HAWAII
FAMILY COURT
THIRD CIRCUIT

INCOME AND EXPENSE STATEMENT
 Plaintiff Defendant

CASE NUMBER
FC-D NO.

PLAINTIFF
(Full Name)

VS.

DEFENDANT
(Full Name)

This document is prepared by
 Plaintiff Defendant Atty. for Plaintiff Atty. for Defendant

Name

Address

City, State, Zip

Phone

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	<input type="checkbox"/> PLAINTIFF'S <input type="checkbox"/> DEFENDANT'S SIGNATURE
------	---

STATE OF HAWAII
FAMILY COURT
THIRD CIRCUIT

INCOME AND EXPENSE STATEMENT
 Plaintiff Defendant

CASE NUMBER
FC-D NO.

VS.

PLAINTIFF
(Full Name)

DEFENDANT
(Full Name)

This document is prepared by

Plaintiff Defendant Atty. for Plaintiff Atty. for Defendant

Name

Address

City, State, Zip

Phone

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 \$ _____

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Transportation, expenses per month:

Car payment, lease, rental \$ _____
 Insurance on vehicle \$ _____
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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

STATE OF HAWAII FAMILY COURT THIRD CIRCUIT	ASSET AND DEBT STATEMENT <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> Both Parties	CASE NUMBER FC-D No.																												
_____ (Full Name) PLAINTIFF v. _____ (Full Name) DEFENDANT	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 _____ Name _____ Address _____ City, State, Zip Code _____ Telephone Number																													
<p>1. CASH (on hand or held by others for me): <input type="checkbox"/> None <input type="checkbox"/> \$ _____</p> <p>2. CREDIT UNION ACCOUNTS: <input type="checkbox"/> None</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align:left; border-bottom: 1px solid black;"><u>Name</u></th> <th style="text-align:left; border-bottom: 1px solid black;"><u>Title (Plaintiff, Defendant, Joint, Other)</u></th> <th style="text-align:left; border-bottom: 1px solid black;"><u>Credit Balance</u></th> <th style="text-align:left; border-bottom: 1px solid black;"><u>Debt Balance</u></th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> <p>3. BANK AND SAVINGS ACCOUNTS: <input type="checkbox"/> None (Include Trustee Accounts)</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align:left; border-bottom: 1px solid black;"><u>Company & Branch</u></th> <th style="text-align:left; border-bottom: 1px solid black;"><u>Type of Account</u></th> <th style="text-align:left; border-bottom: 1px solid black;"><u>Title (Plaintiff, Defendant, Joint, Other)</u></th> <th style="text-align:left; border-bottom: 1px solid black;"><u>Current Balance</u></th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>			<u>Name</u>	<u>Title (Plaintiff, Defendant, Joint, Other)</u>	<u>Credit Balance</u>	<u>Debt Balance</u>									<u>Company & Branch</u>	<u>Type of Account</u>	<u>Title (Plaintiff, Defendant, Joint, Other)</u>	<u>Current Balance</u>												
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STATE OF HAWAII FAMILY COURT THIRD CIRCUIT	ASSET AND DEBT STATEMENT	CASE NUMBER
<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> Both Parties		FC-D No.
4. SECURITIES: <input type="checkbox"/> None (Stocks, Bonds, Mutual Funds, Certificates of Deposit, etc.)		
<u>Company</u>	<u>Title (Pltf, Dft, Jt, Other)</u>	<u>Date of Acquisition</u>
	<u>Cost</u>	<u>Market Value</u>
		<u>Debt Owed</u>
5. VEHICLES: <input type="checkbox"/> None (Autos, Trucks, Motorcycles, Trailers, Campers, Boats, etc.)		
<u>Year</u>	<u>Make</u>	<u>Title (Pltf, Dft, Jt, Other)</u>
		<u>Current Market Value</u>
		<u>Debt Owed Against</u>
6. REAL PROPERTY: <input type="checkbox"/> None		
<u>Address</u>	<u>Title</u>	<u>Fee or Lease</u>
		<u>Date of Acquisition</u>
	<u>Cost</u>	<u>Current Gross Value</u>
		<u>Total Debt Owed</u>
7. LIFE INSURANCE: <input type="checkbox"/> None		
<u>Company</u>	<u>Person Insured</u>	<u>Face Amount</u>
		<u>Beneficiary</u>
		<u>Title (Pltf, Dft, Jt, Other.)</u>
		<u>Cash Value</u>
		<u>Debt Owed Against</u>

STATE OF HAWAII FAMILY COURT THIRD CIRCUIT	ASSET AND DEBT STATEMENT	CASE NUMBER
	<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> Both Parties	FC-D No.

8. RETIREMENT; PENSION; PROFIT SHARING ACCOUNTS: None

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

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.)

<u>General Description</u>	<u>Title (Plf, Deft, Jt, Other)</u>	<u>Estimated Gross</u>	<u>Debt Owed Against</u>

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

<u>Description</u>	<u>Trustee(s)</u>	<u>Beneficiaries</u>	<u>Value</u>	<u>Debt Owed Against</u>

STATE OF HAWAII FAMILY COURT THIRD CIRCUIT	ASSET AND DEBT STATEMENT	CASE NUMBER
	<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> Both Parties	FC-D 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.)

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

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	<input type="checkbox"/> PLAINTIFF'S <input type="checkbox"/> DEFENDANT'S SIGNATURE
------	---

DATE	<input type="checkbox"/> PLAINTIFF'S <input type="checkbox"/> DEFENDANT'S SIGNATURE
------	---

STATE OF HAWAII FAMILY COURT THIRD CIRCUIT	ASSET AND DEBT STATEMENT <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> Both Parties	CASE NUMBER FC-D No.																												
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p style="text-align: center;">(Full Name) PLAINTIFF</p> <p style="text-align: center;">v.</p> <p style="text-align: center;">(Full Name) DEFENDANT</p> </div> <div style="width: 50%; border-left: 1px solid black; padding-left: 5px;"> <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> <hr/> <p>Name</p> <hr/> <p>Address</p> <hr/> <p>City, State, Zip Code</p> <hr/> <p>Telephone Number</p> </div> </div>																														
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STATE OF HAWAII FAMILY COURT THIRD CIRCUIT	ASSET AND DEBT STATEMENT <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> Both Parties	CASE NUMBER FC-D No.
--	--	-------------------------

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

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

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

<u>Year</u>	<u>Make</u>	<u>Title (Pltf, Dft, Jt, Other)</u>	<u>Current Market Value</u>	<u>Debt Owed Against</u>

6. REAL PROPERTY: None

<u>Address</u>	<u>Title</u>	<u>Fee or Lease</u>	<u>Date of Acquisition</u>	<u>Cost</u>	<u>Current Gross Value</u>	<u>Total Debt Owed</u>

7. LIFE INSURANCE: None

<u>Company</u>	<u>Person Insured</u>	<u>Face Amount</u>	<u>Beneficiary</u>	<u>Title (Pltf, Dft, Jt, Other.)</u>	<u>Cash Value</u>	<u>Debt Owed Against</u>

ASSET AND DEBT STATEMENT

CASE NUMBER

Plaintiff Defendant Both Parties

FC-D No.

8. RETIREMENT; PENSION; PROFIT SHARING ACCOUNTS: None

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

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.)

<u>General Description</u>	<u>Title (Plf, Def, Jt, Other)</u>	<u>Estimated Gross</u>	<u>Debt Owed Against</u>

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

<u>Description</u>	<u>Trustee(s)</u>	<u>Beneficiaries</u>	<u>Value</u>	<u>Debt Owed Against</u>

STATE OF HAWAI'I FAMILY COURT THIRD CIRCUIT	ASSET AND DEBT STATEMENT <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> Both Parties	CASE NUMBER FC-D No.																																																																																																																		
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STATE OF HAWAII FAMILY COURT THIRD CIRCUIT	APPEARANCE AND WAIVER	CASE NUMBER FC-D NO.
---	------------------------------	-----------------------------

<p style="text-align: center;">_____ PLAINTIFF (Full Name)</p> <p style="text-align: center;">VS.</p> <p style="text-align: center;">_____ 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>
--	--

I, the Defendant, acknowledge receipt of a filed copy of the Complaint and Summons in the above-entitled action, submit myself to the Court's jurisdiction, and have agreed with the Plaintiff on the matters set forth in

a signed agreement incident to divorce.
 a form of Decree which I have approved by signature.

I consent to a hearing of the complaint by a judge at any time without further notice and without my presence so long as the Decree issued incorporates the provisions I have approved. If such Decree is not entered by the Court, I request to be notified.

I understand that I am not required to sign this paper and that by doing so I am permitting the Court without opposition from me to proceed with the above-entitled matter at this time unless there is reason for the Court to alter our agreement.

I am not in the military service of the United States.
 I am in the military service of the United States, but I do not request a stay of proceedings herein, and I do waive any rights I may have under the Soldiers' and Sailors' Civil Relief Act, 50 U.S.C. Sec. 521, et. seq.

DATE	DEFENDANT'S SIGNATURE	
------	-----------------------	--

STATE OF HAWAII FAMILY COURT THIRD CIRCUIT	PROOF OF SERVICE	CASE NUMBER FC-D NO.
---	---	-----------------------------

_____ PLAINTIFF (Full Name) VS. _____ DEFENDANT (Full Name)	This document is prepared by <input type="checkbox"/> Plaintiff <input type="checkbox"/> Attorney for Plaintiff Name _____ _____ Address _____ _____ City, State, Zip _____ Phone _____
---	--

I served a certified copy of each document identified below by delivering to the following person(s):

PERSON(S) SERVED	DATE	TIME	PLACE

DOCUMENTS SERVED

Complaint Summons Notice to Attend
 Motion and Affidavit for
 Motion and Affidavit for

PLEASE EXPEDITE RETURN OF SERVICE TO FAMILY COURT

DATE	POLICE OFFICER'S SIGNATURE	BADGE ID NUMBER	
DATE	OTHER SERVING OFFICER'S SIGNATURE	NAME OF SERVING OFFICER	

UNSERVED DOCUMENTS: I certify that, despite due and diligent search, I was unable to locate the person to be served, and therefore the attached documents are being returned as unserved.

STATE OF HAWAI‘I FAMILY COURT THIRD CIRCUIT	CASE ID/NUMBER 3FDV- _____
---	-------------------------------

AFFIDAVIT OF PLAINTIFF (FOR UNCONTESTED DIVORCE)

v. Plaintiff,

Defendant.

STATE OF HAWAI‘I)
) ss.
COUNTY OF HAWAI‘I)
)
 Plaintiff in the above-entitled action, being
first duly sworn on oath, deposes and says that:

COURT USE ONLY

This document is prepared by
<input type="checkbox"/> Self-Represented Plaintiff
<input type="checkbox"/> Attorney for Plaintiff

Name (and if applicable, Attorney No.)

Address

City, State, Zip Code

Telephone Number

E-Mail Address

1. Plaintiff’s full name and address is: _____
- _____
- _____
2. Legal Representation:
 - 2a. Plaintiff is representing him/herself.
 - 2b. Plaintiff is represented by the attorney named above.
3. Service of Process on Defendant was made by:
 - 3a. Personal Service: A *Proof of Service* or *Affidavit of Service* has been filed showing that the Defendant was personally served with a filed copy of the *Complaint for Divorce; Automatic Restraining Order; Summons to Answer Complaint* on _____ by a person authorized (Month/Day/Year) to serve legal documents.



If you need an accommodation for a disability when participating in a court program, service, or activity, please contact the ADA Coordinator as far in advance as possible to allow time to provide an accommodation. Call the ADA Coordinator at (808) 961-7629, Fax (808) 961-7577, or send an e-mail to adarequest@courts.hawaii.gov. The ADA Coordinator will try to provide, but cannot guarantee, the requested auxiliary aid, service, or accommodation.

3b. Certified or Registered Mail: A filed copy of the *Complaint for Divorce; Automatic Restraining Order; and Summons to Answer Complaint* were served upon Defendant by certified or registered mail. A *Statement of Mailing or Affidavit of Mailing* and an original return receipt signed by the Defendant on (Month/Day/Year) have been filed. Plaintiff recognizes Defendant's signature on the return receipt.

3c. Appearance and Waiver: Defendant acknowledged receipt of a filed copy of the *Complaint Automatic Restraining Order; and Summons to Answer Complaint for Divorce*; and signed an *Appearance and Waiver* on (Month/Day/Year). Plaintiff recognizes Defendant's signature on the *Appearance and Waiver*.

3d. Publication: The *Affidavit of Publication* was filed on (Month/Day/Year).

4. **Default:**

4a. More than twenty (20) days have passed since the service of the *Complaint for Divorce; Automatic Restraining Order; and Summons to Answer Complaint* upon Defendant. No responsive pleading has been filed. Neither Plaintiff nor Plaintiff's attorney has received any communication from Defendant or Defendant's attorney concerning this case since the *Complaint for Divorce; Automatic Restraining Order; and Summons to Answer Complaint* was served.

4b. An order granting the *Motion for Entry of Default* was filed on (Month/Day/Year).

5. Jurisdiction (Please check all that apply)

a. I am domiciled on Hawai'i Island, State of Hawaii, at the time of the filing this Complaint.
(HRS § 580-1 (a)/Act 69 of the 2021 Legislative Session.)

b. I am residing on a military or federal base, installation, or reservation within the State of Hawaii or am in the State of Hawaii under military orders. HRS §580-1(a).

c. The marriage was solemnized under Hawai'i Revised Statutes and Chapter 572 and both parties are domiciled in a jurisdiction that does not recognize the marriage.

10. Financial Statements:

10a. Plaintiff signed *Income and Expense* and *Asset and Debt Statements* on _____.
To the best of Plaintiff's knowledge, there have been no substantial changes in Plaintiff's financial circumstances since that date.

10b. | | On _____ Defendant signed an *Income and Expense Statement* and an *Asset Debt Statement*. Plaintiff recognizes Defendant's signature on said documents.
(Month/Day/Year)

10c. | | Defendant's *Income and Expense Statement* and *Asset and Debt Statement* are not filed because: _____

11. Plaintiff has carefully reviewed the proposed *Divorce Decree* ("Decree") and agrees to the alimony, division of property, and other provisions as provided in the proposed *Decree*.

12. Plaintiff signed the proposed *Decree*. | | Plaintiff recognizes Defendant's signature on the *Decree*.

13. Plaintiff wishes to resume the use of his/her | | birth surname | | former married name and be known as: _____

14. Defendant wishes to resume the use of his /her | | birth surname | | former married name and be known as: _____

15. Language Comprehension:

15a. | | Plaintiff fully understands the English language.

15b. | | Although Plaintiff does not fully comprehend written English, this document has been explained to him/her by _____ and based on that explanation Plaintiff understands this document.

16. Plaintiff requests that the court grant this divorce and enter the Decree without his/her appearance in court.

17. Plaintiff has read this document and signs it voluntarily and without coercion and duress and not because he/she was told to sign it.

18. Pregnancy

18a. I am not pregnant.

18b. I am pregnant and my expected date of delivery is (Month/Day/Year).
Defendant is is not the father of said child.

18c. Defendant is not pregnant.

18d. Defendant pregnant and her expected date of delivery is (Month/Day/Year).
Plaintiff is is not the father of said child.

19. Child(ren)

19a. Plaintiff and Defendant have no children together.

19b. The parties have _____ child(ren) together. The full names and birthdates are listed below from the oldest to the youngest child (including adult children).

<u>Name</u>	<u>Date of Birth (Month/Day/Year)</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

19c. There is/are child(ren) conceived during this marriage who were fathered by someone other than my spouse. The child(ren)'s name(s) and birthdate(s) are listed below:

<u>Name</u>	<u>Date of Birth (Month/Day/Year)</u>	<u>Judgment of Paternity entered?</u>	
		<u>Yes</u>	<u>No</u>
_____	_____	[]	[]
_____	_____	[]	[]
_____	_____	[]	[]
_____	_____	[]	[]
_____	_____	[]	[]
_____	_____	[]	[]

20. Prior or Pending Custody Proceedings

20a. I have not participated in any capacity in any lawsuit or proceeding in any state concerning custody of the minor child(ren) of the Plaintiff and Defendant together. I have no information of any pending custody proceeding or of any person not a party to this proceeding who has physical custody or claims to have custody or visitation rights concerning any minor child(ren) of the Plaintiff and Defendant together.

20b. Prior court case involving the subject child(ren):

Case Name: _____

Case Number: _____

Location (City, State) of Court: _____

Date (Month/Day/Year) Filed: _____

Date (Month/Day/Year) Concluded: _____

Type of Case: _____

20c. Other pending court case involving the subject child(ren):

Case Name: _____

Case Number: _____

Location (City, State) of Court: _____

Date (Month/Day/Year) Filed: _____

Date (Month/Day/Year) Concluded: _____

Type of Case: _____

21. Plaintiff agrees to the custody arrangement and child support amounts as provided in the proposed civil *Divorce Decree*.

22. Child Support

22a. Plaintiff believes that the information provided in the completed Child Support Guidelines Worksheet is accurate to the best of the Plaintiff's knowledge and the proposed child support is consistent with the Child Support Guidelines Worksheet.

STATE OF HAWAI'I FAMILY COURT THIRD CIRCUIT	AFFIDAVIT OF PLAINTIFF (FOR UNCONTESTED DIVORCE)	CASE ID/NUMBER 3FDV- _____
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22b. The proposed child support varies from the Child Support Guidelines Worksheet because of the following exceptional circumstance(s): _____

23. Kids First

23a. I attended the Kids First Program on _____
 (Month/Day/Year)

23b. I was excused by Judge _____ from attending the Kids First Program.

24. Other: _____

Plaintiff declares that he/she understands that his/her signature under oath before a notary public is his/her solemn statement that he/she read this Affidavit and knows and understands the contents and that these statements are true, correct, and completed to the best of his/her knowledge and belief.

DATE	PLAINTIFF'S SIGNATURE (MUST BE SIGNED BEFORE A NOTARY PUBLIC)
------	---

Document Title: Affidavit of Plaintiff (for Uncontested Divorce)

Document Date: _____ Number of Pages: 6

was subscribed and sworn to before me in the Third Circuit, State of Hawai'i by: _____

Notary Public's Signature: _____

Date: _____

in the Third Circuit, State of Hawai'i.

Print Notary Public's Name: _____

My commission expires on: _____

(Notary Seal)

STATE OF HAWAI'I FAMILY COURT THIRD CIRCUIT	CASE ID/NUMBER _____
---	-------------------------

DIVORCE DECREE
With Minor and/or Dependent Child(ren)

v.	Plaintiff,
	Defendant.

This document is prepared by Self-Represented Plaintiff <input type="checkbox"/> Defendant Attorney for Plaintiff Defendant
_____ Name (and if applicable, Attorney No.)
_____ Address
_____ City, State, Zip Code
_____ Telephone/Cell No.
_____ E-Mail Address

Presiding Judge's Name	
Date of Hearing/Review by Judge	

A hearing was held before the Presiding Judge or an affidavit was submitted and the Court waived hearing on this matter. After full consideration of the evidence, the Court finds the material allegations of the Complaint for Divorce to be true. Plaintiff is entitled to a divorce from the bonds of matrimony. The Court has jurisdiction to enter this Divorce Decree.

IT IS HEREBY ORDERED, ADJUDGED, AND DECREED that:

1. Decree

A decree is granted to | |Plaintiff | |Defendant. The bonds of matrimony between Plaintiff and Defendant are hereby dissolved. The parties are restored to the status of single persons. Either party is permitted to marry after the effective date of this Divorce Decree.

2. Effective Date

This Divorce Decree is effective after it is signed and filed by the Court.

3. Alimony

| | 3A. Neither party shall be required to pay alimony to the other party.

| | 3B. Beginning with a first payment on the _____ day of (Month/Year) _____

| | Plaintiff | | Defendant shall pay | | Plaintiff | | Defendant alimony of \$ _____

per month to be paid:

in one installment of \$ _____ on or before the _____ day of each month.

in two equal installments of \$ _____ on or before the _____ and _____ days of each month.

Alimony shall continue for _____ months and terminate with the payment due _____
(Month/Day/Year)

Alimony shall terminate upon the death of either Plaintiff or Defendant.

Alimony shall shall not terminate upon the recipient's remarriage.

4. Child(ren)

| | 4A. Plaintiff and Defendant have no child(ren) together.

| | 4B. Plaintiff and Defendant _____ (how many) child(ren) together who is/are under age 18.

Name (First, Middle, Last)

Birthdate

<u>Name (First, Middle, Last)</u>	<u>Birthdate</u>

5. Custody

5A. **Legal Custody** of the above-named minor child(ren) is/are

| | Awarded to | | Plaintiff | | Defendant | | Plaintiff and Defendant jointly

| | Reserved for a court of competent jurisdiction.

(continues on next page)

5. Custody (continued)

5B. Physical Custody of the above-named minor child(ren) is/are

| | Awarded to:

| | Plaintiff | | Defendant with a detailed visitation/time sharing schedule to:

Plaintiff Defendant as described in paragraph 6B.

| | Plaintiff and Defendant jointly with a detailed visitation/time sharing schedule as described in Paragraph 6B.

| | Reserved for a court of competent jurisdiction.

6. Visitation/Time Sharing Schedule

| | 6A. The parties shall arrange reasonable visitation.

| | 6B. The visitation/time sharing schedule shall be as follows:

| | 6C. Supervised visitation shall be as follows:

| | 6D. There shall be no visitation until further order of the Family Court.

7. Unless specified in paragraph 23 of this Decree, Plaintiff and Defendant shall keep each other informed of their residence addresses and telephone numbers for so long as any child of the parties is a minor and for so long thereafter as there is a child support order.

8. Child Support

| | 8A. No child support is ordered based on the following exceptional circumstance(s):

| | 8B. Beginning with the first payment on the _____ day of (Month/Year) _____
| | Plaintiff | | Defendant shall pay | | Plaintiff | | Defendant for support of the
following child(ren): (Names) _____

in the amount of \$ _____ per child, for a total of \$ _____ per month.

| | 8C. Child Support is reserved for a court of competent jurisdiction.

8D. Payments of child support shall continue for each child until the child attains the age of 18 years, or graduates from high school, or discontinues high school, whichever occurs last. Child support shall further continue uninterrupted (including during regular school vacation periods) until the age of 23 years as long as the child continues the child's post-high school education on a full-time basis at an accredited college or university or a vocational or trade school.

8E. The Child Support Enforcement Agency (CSEA) is made a party for the limited purpose of child support.

9. Method of Child Support Payment (Check either 9A OR 9B.)

| | 9A. All payments shall be made payable to and through the Child Support Enforcement Agency (CSEA), P.O. Box 1860, Honolulu, Hawai'i, 96805-1860, and pursuant to the Order/Notice to Withhold Income for Support which shall be filed with this Divorce Decree.

| | 9B. Direct Payment

In all direct payment cases, either Plaintiff or Defendant may void the direct payment arrangement at any time and apply for services from the CSEA to receive payments through the agency. If the child(ren) of the parties receive(s) public assistance from the Department of Human Services (DHS), foster care payments, or Social Security, or if either parent applies to the CSEA, CSEA may immediately void a direct payment arrangement by sending notice by regular mail to both parents at their addresses as set forth in this Divorce Decree.

| | Child support payments shall be paid by Plaintiff directly to Defendant.

| | Child support payments shall be paid by Defendant directly to Plaintiff.

10. Post High School Education Support

| | 10A. Plaintiff shall pay ___% and Defendant shall pay ___% of the educational expenses of the child(ren) for so long as the child(ren) is/are a full-time student(s) at an accredited college University or vocational or trade school and under the age of 23.

| | 10B. For payment of expenses related to the child(ren) attending private school, see paragraph 23.

[] 10C. For these purposes, educational expenses shall be defined to include tuition, fees, and the cost of necessary books and other course materials.

| | 10D. Reserved for future court determination.

11. Child Health Care: For so long as Plaintiff or Defendant has an obligation to pay child support and/or educational support:

11A. | | Plaintiff | | Defendant shall pay maintain medical and dental insurance for the benefit of the children.

11B. | | Plaintiff | | Defendant shall pay the medical and dental expenses of the child(ren) not paid by insurance up to \$ _____ per calendar year. Any additional medical and dental expenses not covered by insurance shall be paid ___% by Plaintiff and ___% by Defendant.

12. Life Insurance for the Benefit of Child(ren)

| | 12A. | | Plaintiff | | Defendant shall maintain life insurance on his/her life with a minimum death benefit of \$ _____ for the benefit of the child(ren) so long as there is a child support and/or educational support obligation.

| | 12B. If Plaintiff or Defendant dies without the required insurance, Plaintiff's or Defendant's estate shall be liable to the child(ren) to the extent that the required insurance was not maintained. Such obligation on the part of Plaintiff's or Defendant's estate shall be accorded the highest possible priority.

13. All provisions in paragraphs 3, 5, 6, 7, 8, 9, 10, 11, and 12 are subject to further order of the court.

14. Bank Accounts (Savings, Checking, etc.), Credit Union Accounts, and Securities

| | 14A. There are none.

| | 14B. Each is awarded those titled in their name alone.

| | 14C. Plaintiff is awarded:

(continues on next page)

14. Bank Accounts (Savings, Checking, etc.), Credit Union Accounts, and Securities (continued)

| | 14D. Defendant is awarded:

15. Vehicles (Autos, Trucks, Motorcycles, Trailers, Campers, Boats, etc.)

| | 15A. There are none.

| | 15B. Each party is awarded the vehicles titled in their name alone.

| | 15C. Plaintiff is awarded:

| | 15D. Defendant is awarded:

| | 15E. Necessary transfer documents shall be signed no later than ten (10) days following the filing of this Divorce Decree. If either party fails to do so, the Director of Finance of the City and County of Honolulu is authorized and directed to transfer the ownership of the vehicle(s) if requested to do so.

16. Real Property

| | 16A. Neither party owns any interest of any kind in any real property.

| | 16B. The real property shall be divided as follows:

17. Life Insurance

- | | 17A. There is none.
- | | 17B. Each party is awarded the life insurance policy/policies now held on his/her life, together with any cash value therein and subject to any debt thereon.
- | | 17C. The life insurance policies shall be divided as follows:

18. Retirement Accounts/Benefits:

- | | 18A. There are none.
- | | 18B. Each party shall keep their own.
- | | 18C. The retirement accounts/benefits of the parties shall be divided as follows:

19. All Other Assets: (Personal Belongings, Furniture, Household Effects, Art, Stamps, Coins, Tools, Equipment, Jewelry, Accounts Receivable, Investment Assets, Business Assets, Cemetery Plots or Niches, Tax Refunds Due, etc.)

- | | 19A. There are no other assets
- | | 19B. Each party is awarded the personal belongings and the household effects in his/her possession.
- | | 19C. Plaintiff is awarded:

(continues on next page)

19. All Other Assets: (continued)

| | 19D. Defendant is awarded:

20. All Outstanding Debts

| | 20A. There are no joint debts.

| | 20B. Each party shall pay all of the credit card and other debt, if any, now in his/her name alone.

| | 20C. Plaintiff shall pay:

| | 20D. Defendant shall pay:

21. Name Change

| | 21A. Plaintiff shall resume the use of his/her legal

| | middle and last name used prior to any marriage or

| | middle and last name used during any prior marriage [HRS §574-5(a)(2)(B)(i)]

and shall be known hereafter as: (First, Middle, and Last Name)

| | 21B. Defendant shall resume the use of his/her

| | middle and last name used prior to any marriage or

| | middle and last name used during any prior marriage [HRS §574-5(a)(2)(B)(i)]

and shall be known hereafter as: (First, Middle, and Last Name)

| | 22. **Supplemental Order.** There is a supplemental order filed concurrently with this Divorce Decree.

23. Other:

24. **Failure of Party to Perform:** If either party fails to execute any document in compliance with this Decree, the other party may submit a motion to the Court, requesting that the Court appoint the Chief Clerk of the Court to execute said document on behalf of the non-compliant party. Said motion may be done without further notice to the non-compliant party. Such execution by the Clerk shall have the same effect as if executed by the non-compliant party.

25. The Automatic Restraining Order shall be vacated upon the entry of this Divorce Decree pursuant to section 580-10.5 of the Hawai'i Revised Statutes.

Date

Judge's Signature

Hilo, Waimea Kona, Hawai'i

Print Judges Name

APPROVED AS TO FORM AND CONTENT:

Signature of Plaintiff

Signature of Defendant

Date Plaintiff Signed Decree: _____

Date Defendant Signed Decree: _____

Social Security No.: XXX-XX- _____

Social Security No.: XXX-XX- _____

Address: _____

Address: _____

Employer's Name and Address: _____

Employer's Name and Address: _____

APPROVED AS TO FORM:

Signature of Attorney for Plaintiff

Signature of Attorney for Defendant

Print Attorney's Name: _____

Print Attorney's Name: _____



If you need an accommodation for a disability when participating in a court program, service, or activity, please contact the ADA Coordinator as far in advance as possible to allow time to provide an accommodation. Call the ADA Coordinator at (808) 961-7629, Fax (808) 961-7577, or send an e-mail to adarequest@courts.hawaii.gov. The ADA Coordinator will try to provide, but cannot guarantee, the requested auxiliary aid, service, or accommodation.

In the Family Court of the Third Circuit

State of Hawai'i

)	FC-D No. _____
)	
PLAINTIFF)	STATEMENT OF MAILING
vs.)	
)	
)	
DEFENDANT)	
_____)	

STATEMENT OF MAILING

I represent that on _____ I caused _____ certified cop _____
of the Divorce Decree
to be mailed to _____
in accordance with the Hawai'i Family Court Rule 97.

Dated: _____ Hawai'i, _____

Signature

STATE OF HAWAII FAMILY COURT THIRD CIRCUIT	PROPOSED PARENTING PLAN	CASE NUMBER FC-D No. _____		
<input type="checkbox"/> CHILD SUPPORT ENFORCEMENT AGENCY, STATE OF HAWAII, _____ (Name: First, Middle, Last) <div style="text-align: right;">PLAINTIFF(S)</div> vs.	This document was prepared by: <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> Caretaker/Other* <input type="checkbox"/> Attorney for: <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant _____ Name _____ Address _____ City, State, Zip Code _____ Telephone Number *Relationship of Caretaker/Other to the child(ren): _____			
_____ (Name: First, Middle, Last) <input type="checkbox"/> and CHILD SUPPORT ENFORCEMENT AGENCY, STATE OF HAWAII, _____ (Name: First, Middle, Last) <div style="text-align: right;">DEFENDANT(S)</div>				
<input type="checkbox"/> I will be relocating to _____ on or about _____. [If you are relocating, file one plan for before relocation and another plan for after relocation.] <input type="checkbox"/> This plan is before relocation <input type="checkbox"/> This plan is for after relocation.				
1. Child(ren): <input type="checkbox"/> See attached sheet for additional children.				
Full Name	Birth Date	Gender	School/Grade	Is Child Protective Services Involved?
Child 1 _____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child 2 _____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child 3 _____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child 4 _____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child 5 _____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child 6 _____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Legal Custody should be awarded to (person(s) making the major decisions, such as, school enrollment, medical, driver's license): <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> Jointly to both Plaintiff and Defendant <input type="checkbox"/> Other				
3. Physical Custody should be awarded to (the child(ren) will primarily live with this person): <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> Jointly to both Plaintiff and Defendant <input type="checkbox"/> Other <i>(State Parenting Time Below*)</i>				
* Joint custody with the child(ren) will be shared between Plaintiff and Defendant as follows (even if you are suggesting joint custody, you can also use the checklists in Sections 5 and 6): _____ _____ _____				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 Family Court Administration Office at PHONE NO. (808) 961-7629, FAX (808) 961-7577, or email adarequest@courts.hawaii.gov at least ten (10) working days prior to your hearing or appointment date.

4. **Special Concerns:** (i.e., breast-feeding infant, special needs of child(ren) or disability of either parent:

5. **Visitation Schedule:** Plaintiff Defendant (check one) shall have visitation, which shall commence on _____ (fill in date), as follows:

Reasonable visitation as agreed to by the parties.

Every other weekend Every weekend from _____ (day of week) at _____ a.m. p.m. to _____ (day of week) at _____ a.m. p.m.

Midweek dinner visits on _____ (days of week) from _____ p.m. to _____ p.m. (Note: For Friday and Monday holidays, the child(ren) will stay with the parent who has the child(ren) for that weekend.)

Summer Vacation:

Should be split as agreed to by Plaintiff and Defendant.

Plaintiff and Defendant shall each have one-half of the summer vacation with alternate weekends to the other parent. The child(ren) should be returned to the custodial parent at least one (1) week prior to the start of school.

Other: _____

Christmas and New Year Vacation:

Should be split as agreed to by Plaintiff and Defendant.

Plaintiff and Defendant shall each have one-half of the Christmas/New Year vacation.

Other: _____

Intersession Vacations (Spring Break and Fall Break):

Each intersession break should be split as agreed to by Plaintiff and Defendant.

Each intersession break should be alternated yearly between Plaintiff and Defendant.

Plaintiff and Defendant shall have each have one-half of each intersession break.

Other: _____

Child(ren)'s Birthday(s):

The child(ren)'s birthday(s) should be celebrated as agreed to by Plaintiff and Defendant.

A child's birthday will be spent with the parent who has the child on that day.

[] Plaintiff [] Defendant should have the child(ren) on the child(ren)'s birthday on even-numbered years. The other parent should have the child(ren) on the child(ren)'s birthday on odd-numbered years.

Plaintiff and Defendant will share the child(ren) for at least half the day on the child(ren)'s birthday.

Other: _____

Extensive Visitation (if applicable) should be as follows:

Out-of-State Visitation (if applicable) should be as follows:

6. Detailed Holiday Schedule: Some cases work better if more details are listed. Use this as a checklist. You do not have to fill in everything. Anything that is left blank means that the child will spend the day with the parent who has the child on that day. (Note: For Friday and Monday holidays, the child(ren) will stay with the parent who has the child(ren) for that weekend.)

Check "P" for Plaintiff and "D" for Defendant.

Holiday	Time (Put a.m. or p.m.)	Every Year	Even Years	Odd Years
New Year's Eve		<input type="checkbox"/> P <input type="checkbox"/> D	<input type="checkbox"/> P <input type="checkbox"/> D	<input type="checkbox"/> P <input type="checkbox"/> D
New Year's Day		<input type="checkbox"/> P <input type="checkbox"/> D	<input type="checkbox"/> P <input type="checkbox"/> D	<input type="checkbox"/> P <input type="checkbox"/> D
Martin Luther King, Jr. Day		<input type="checkbox"/> P <input type="checkbox"/> D	<input type="checkbox"/> P <input type="checkbox"/> D	<input type="checkbox"/> P <input type="checkbox"/> D
President's Day		<input type="checkbox"/> P <input type="checkbox"/> D	<input type="checkbox"/> P <input type="checkbox"/> D	<input type="checkbox"/> P <input type="checkbox"/> D
Prince Kuhio Day (March 26 th)		<input type="checkbox"/> P <input type="checkbox"/> D	<input type="checkbox"/> P <input type="checkbox"/> D	<input type="checkbox"/> P <input type="checkbox"/> D
Good Friday (Friday)		<input type="checkbox"/> P <input type="checkbox"/> D	<input type="checkbox"/> P <input type="checkbox"/> D	<input type="checkbox"/> P <input type="checkbox"/> D
Memorial Day		<input type="checkbox"/> P <input type="checkbox"/> D	<input type="checkbox"/> P <input type="checkbox"/> D	<input type="checkbox"/> P <input type="checkbox"/> D
King Kamehameha Day (June 11 th)		<input type="checkbox"/> P <input type="checkbox"/> D	<input type="checkbox"/> P <input type="checkbox"/> D	<input type="checkbox"/> P <input type="checkbox"/> D
Juneteenth (June 19 th)		<input type="checkbox"/> P <input type="checkbox"/> D	<input type="checkbox"/> P <input type="checkbox"/> D	<input type="checkbox"/> P <input type="checkbox"/> D
Independence Day (July 4 th)		<input type="checkbox"/> P <input type="checkbox"/> D	<input type="checkbox"/> P <input type="checkbox"/> D	<input type="checkbox"/> P <input type="checkbox"/> D
Statehood/Admissions Day		<input type="checkbox"/> P <input type="checkbox"/> D	<input type="checkbox"/> P <input type="checkbox"/> D	<input type="checkbox"/> P <input type="checkbox"/> D
Labor Day		<input type="checkbox"/> P <input type="checkbox"/> D	<input type="checkbox"/> P <input type="checkbox"/> D	<input type="checkbox"/> P <input type="checkbox"/> D
Halloween (October 31 st)		<input type="checkbox"/> P <input type="checkbox"/> D	<input type="checkbox"/> P <input type="checkbox"/> D	<input type="checkbox"/> P <input type="checkbox"/> D
Veterans' Day (November 11 th)		<input type="checkbox"/> P <input type="checkbox"/> D	<input type="checkbox"/> P <input type="checkbox"/> D	<input type="checkbox"/> P <input type="checkbox"/> D
Thanksgiving Day		<input type="checkbox"/> P <input type="checkbox"/> D	<input type="checkbox"/> P <input type="checkbox"/> D	<input type="checkbox"/> P <input type="checkbox"/> D
Christmas Eve		<input type="checkbox"/> P <input type="checkbox"/> D	<input type="checkbox"/> P <input type="checkbox"/> D	<input type="checkbox"/> P <input type="checkbox"/> D
Christmas Day		<input type="checkbox"/> P <input type="checkbox"/> D	<input type="checkbox"/> P <input type="checkbox"/> D	<input type="checkbox"/> P <input type="checkbox"/> D
Mother's Day		<input type="checkbox"/> P <input type="checkbox"/> D	<input type="checkbox"/> P <input type="checkbox"/> D	<input type="checkbox"/> P <input type="checkbox"/> D
Father's Day		<input type="checkbox"/> P <input type="checkbox"/> D	<input type="checkbox"/> P <input type="checkbox"/> D	<input type="checkbox"/> P <input type="checkbox"/> D
Plaintiff's Birthday		<input type="checkbox"/> P <input type="checkbox"/> D	<input type="checkbox"/> P <input type="checkbox"/> D	<input type="checkbox"/> P <input type="checkbox"/> D
Defendant's Birthday		<input type="checkbox"/> P <input type="checkbox"/> D	<input type="checkbox"/> P <input type="checkbox"/> D	<input type="checkbox"/> P <input type="checkbox"/> D
Other:		<input type="checkbox"/> P <input type="checkbox"/> D	<input type="checkbox"/> P <input type="checkbox"/> D	<input type="checkbox"/> P <input type="checkbox"/> D
Other:		<input type="checkbox"/> P <input type="checkbox"/> D	<input type="checkbox"/> P <input type="checkbox"/> D	<input type="checkbox"/> P <input type="checkbox"/> D

7. Childcare:

These are the arrangements for childcare when I am at work (if you have agreed to joint custody, also state the arrangements of the other parent: _____)

8. Parents covering each other:

- If we cannot care for the child(ren) during a time assigned to us, we will ask the other parent to take care of the child(ren) before we ask anybody else.
- It will be up to each parent who they ask for help during their assigned times.

9. Transportation:
 The parents will agree to who can transport the child(ren).
 Only the following people can help the parents with transportation: _____

10. Communication and Information Sharing:
 The parent without the child(ren) can call the child(ren): *(check only one)* At reasonable hours OR
 Everyday from _____ a.m. p.m. to _____ a.m. p.m.
 E-Mail at this email address: _____ Other: _____
 Parents will share information with each other Parents must get information from the source (e.g., Dr., school).

11. Supervised Visitation/No visitation: Plaintiff Defendant
 Will have supervised visitation with the child(ren)
 at _____ under the supervision of _____
 Will have no visitation.
(State the reason(s) why supervised or suspended visitation is necessary):

12. Modifications to the visitation schedule:
 Any additional visitation or changes to the visitation schedule can be agreed upon by the parents/caretaker with at least 24-hour notice.
 If the non-custodial parent fails to arrive at the appointed time, then the custodial parent/caretaker will wait for _____ minutes before considering the visitation cancelled.
 Other: _____

 No modifications allowed except by a court order.

13. Mediation and Solving Disagreements:
 The parties should mediate any unresolved issues or future disagreements at:
 Ku'ikahi Mediation Center/West Hawai'i Mediation Center Other: _____
 Mediation is inappropriate because: Domestic Violence/TRO Other: _____
 Before going to court, the parents will ask the following person to help them solve disagreements:

(name, relationship, address, phone number)

14. Counseling: List present counselors for:
Plaintiff: _____ Defendant: _____
Child(ren): _____

Under penalty of perjury, I/we declare that this plan is proposed in good faith and is in the best interest of the child(ren) listed in Section 1.

_____ Signature of Plaintiff's Attorney	_____ Date	_____ Signature of Defendant's Attorney	_____ Date
_____ Print Name of Plaintiff's Attorney		_____ Print Name of Defendant's Attorney	
_____ Plaintiff's Signature	_____ Date	_____ Defendant's Signature	_____ Date

<p style="text-align: center;">_____ Plaintiff/Petitioner/Parent (A)</p> <p style="text-align: center;">vs.</p> <p style="text-align: center;">_____ Defendant/Respondent/Parent (B)</p>	<p>This worksheet, and any attachments, was prepared by:</p> <p style="text-align: center;">___ Atty for: ___ Plaintiff ___ Defendant</p> <p>Name: _____</p> <p>Address: _____</p> <p>City, St, Zip: _____</p> <p>Phone No: _____</p>
--	---

PARENTS' INCOMES	Parent (A)	Parent (B)	TOTAL (C)
1. Monthly Gross Income from all sources	[]	[]	= []
2. Monthly Net Income (from Table of Incomes)	[]	[]	= []
3. Percentage of Total Net Income on Line 2 from each parent	[] %	[] %	Round to nearest %
	<small>[Line 2(A) + 2(C)] x 100</small>	<small>[Line 2(B) + 2(C)] x 100</small>	

CHILD SUPPORT NEED			TOTAL (C)
4. Base Primary Support: (\$415) x [] (# of children)			= []
5. Plus Monthly Child Care Expense (to allow custodial parent to work or attend voc. ed. or training)		+	[]
6. Plus Monthly Health Insurance Expense (for the child(ren) and paid by parents). If no insurance, use State Cash Medical support amount (10% of Net Income on Line 2)	[]	[]	+ []
7. PRIMARY CHILD SUPPORT NEED (add Lines 4, 5 & 6)			= []

STANDARD OF LIVING ADJUSTMENT	Parent (A)	Parent (B)	TOTAL (C)
8. Parent's SOLA income (from Table of Incomes)	[]	[]	= []
9. Less PRIMARY CHILD SUPPORT NEED (copy from Line 7)			- []
10. Parents' remaining SOLA income (Line 8(c) - Line 9; but if result is negative enter 0)			= []
11. SOLA Percentage (10% per child, up to 30% maximum)			x [] %
12. SOLA Amount (Line 10 x Line 11)			= []
13. CHILD SUPPORT CALCULATION (Line 7 + Line 12)			= []

CHILD SUPPORT OBLIGATIONS / CREDITS	Parent (A)	Parent (B)	70% of Net Income:
14. Total Support Obligation for each parent (Line 13 x % in Line 3)	[]	[]	Parent (A): []
<i>Minimum: \$83 per child. Maximum: The Total Support Obligation for a parent should not exceed that parent's Net Income on Line 2, if the Net Income exceeds \$83 per child.</i>			
15. Credit for Child Care Expense (for parent who pays)	- []	- []	Parent (B): []
16. Credit for Health Ins./Cash Medical amount (for parent who pays)	- []	- []	
17. REMAINING CHILD SUPPORT OBLIGATION AFTER CREDITS ...	= []	= []	Round to nearest dollar

SUMMARY OF CHILD SUPPORT PAYMENTS

___ Parent (A) ___ Parent (B) pays monthly child support of _____ to other parent, _____ per child per mo.

___ Parent (A) ___ Parent (B) pays health ins./cash medical. ___ Parent (A) ___ Parent (B) pays child care expense.

<p>___ EXTENSIVE TIME-SHARING WORKSHEET attached.</p> <p>___ EXCEPTIONAL CIRCUMSTANCES FORM attached.</p> <p>CERTIFICATION: I hereby declare, under penalty of perjury, that I have examined this worksheet, and any attached worksheets, and to the best of my knowledge and belief the information provided is true, correct and complete.</p> <p>_____ Parent (A) _____ Date _____</p> <p>_____ Parent (B) _____ Date _____</p>	<p><i>For Court Use Only</i></p>
---	----------------------------------

STATE OF HAWAII FAMILY COURT OF THE CIRCUIT	EXTENSIVE TIME-SHARING WORKSHEET to be attached to CHILD SUPPORT GUIDELINES WORKSHEET (CSGW)	CASE NUMBER: FC_ No.
---	---	-----------------------------

This form requires information from your completed CSGW, and you must mark it as an attachment at the bottom of the CSGW.

EQUAL TIME-SHARING CALCULATION				
LINE		Parent (A)	Parent (B)	(C)
18	CSGW LINE 17 MONTHLY SUPPORT AMOUNT for each parent			
19	YEARLY SUPPORT OBLIGATION UNDER EQUAL TIME-SHARING [Line 18(A) x 6 months] and [Line 18(B) x 6 months]			
20	Difference between lines 19(A) and 19(B) [larger amount - lesser amount]			
21	EQUAL TIME-SHARING CHILD SUPPORT [Line 20(C) ÷ 12] Enter result in column for parent with larger support obligation on Lines 18 & 19.			<i>Round to nearest dollar.</i>

EXTENSIVE TIME-SHARING CALCULATION				
IF BOTH PARENTS HAVE MORE THAN 143 OVERNIGHTS PER YEAR, COMPLETE LINES 22 - 29 BELOW.				
LINE		Parent (A)	Parent (B)	(C)
22	NUMBER OF OVERNIGHTS for <u>only</u> the parent with fewer overnights.			
23	CSGW LINE 17 SUPPORT AMOUNT for the parent with fewer overnights.			
24	EQUAL TIME-SHARING SUPPORT. Enter the amount from Line 21 above.			
25	DIFFERENCE BETWEEN REGULAR & EQUAL TIME-SHARING SUPPORT: If the child support obligations in Lines 23 and 24 are for the <u>same parent</u> , then subtract Line 24 from Line 23. [Line 23 - Line 24] If the child support obligations in Lines 23 and 24 are for <u>different parents</u> , then add Line 23 and Line 24. [Line 23 + Line 24]			
26	ADJUSTMENT RATE (for each night over 143 nights) [Line 25 ÷ 40]			
27	NUMBER OF OVERNIGHTS EXCEEDING 143 PER YEAR. [Line 22 - 143]			x
28	CREDIT FOR NIGHTS EXCEEDING REGULAR SUPPORT [Line 26 x Line 27]		=	
29	EXTENSIVE TIME-SHARING CHILD SUPPORT for the parent with fewer overnights. [Line 23 - Line 28]			<i>Round to nearest dollar.</i>

SPLIT CUSTODY CALCULATION					
LINE	Number of children with Parent (A):	Number of children with Parent (B):	Parent (A)	Parent (B)	(C)
30	CSGW LINE 17 MONTHLY SUPPORT AMOUNT for each parent				
31	TOTAL NUMBER OF CHILDREN IN THIS CASE [from CSGW Line 4]				
32	EACH PARENT'S SUPPORT PER CHILD [Line 30 ÷ Line 31]				
33	NUMBER OF CHILDREN EACH PARENT IS OBLIGATED TO PAY SUPPORT FOR (the number of children with the other parent)				
34	SUPPORT OBLIGATION OF EACH PARENT [Line 32 x Line 33]				
35	REMAINING SUPPORT OBLIGATION AFTER OFFSET Subtract the smaller amount in Line 34 from the larger amount; enter the result in the column of the parent with the larger amount on Line 34.				<i>Round to nearest dollar.</i>

SUMMARY OF CHILD SUPPORT PAYMENTS	
___ Parent (A) ___ Parent (B) pays monthly child support of _____ to the other parent, _____ per child per month.	
___ Parent (A) ___ Parent (B) pays health insurance/cash medical.	___ Parent (A) ___ Parent (B) pays child care expense.

STATE OF HAWAII FAMILY COURT OF THE CIRCUIT	EXCEPTIONAL CIRCUMSTANCES FORM to be attached to CHILD SUPPORT GUIDELINES WORKSHEET (CSGW)	CASE NUMBER: FC- No.
---	--	-----------------------------

This form requires information from your completed CSGW, and you must mark it as an attachment at the bottom of the CSGW.

Payor Parent: _____ No. of children in this case: ____ CS amount from Line 14: _____

After considering the best interests of a child(ren), a deviation is requested because application of the Guidelines amount would be unjust or inappropriate for the following reasons:

EXCEPTION REQUESTED BECAUSE CALCULATED CHILD SUPPORT EXCEEDS 70% OF NET INCOME

Payor's total monthly child support obligation as calculated on Line 14 of the CSGW (_____) exceeds the minimum support amount of \$83 per child and is greater than 70% of Payor's net income from the Table of Incomes (_____).

I request a finding that an exceptional circumstance exists and that Payor's total monthly child support obligation on Line 14 of the CSGW be limited to either 70% of Payor's net income or \$83 per child, whichever is greater. Using the higher of the two numbers the total support for the ____ children in this case would be _____ per month. After deductions for monthly child care expenses listed on Line 15 (_____) and health insurance costs listed on Line 16 (_____), which are paid directly by Payor, the remaining child support obligation of Payor will be _____ per month

EXCEPTION REQUESTED BECAUSE PAYOR SUPPORTS _____ ADDITIONAL LEGAL CHILD(REN)

A) Payor's total monthly child support obligation as calculated on Line 14 of the CSGW (_____), divided by the number of children to be supported on Line 4 of the CSGW (____), equals _____ per child.

Is this amount per child greater than \$83 per child (the minimum support amount)? Yes ___ No ___

B) Payor supports ____ additional legal child(ren). If all of Payor's Net Income on Line 2 of the CSGW (_____) is divided by the total number of children Payor is required to support (____), each child would receive _____.

Is this amount per child less than the amount per child calculated on line A) above? Yes ___ No ___

If the answers to both questions above is 'Yes,' you may request that the Court make the following finding:

Due to Payor's obligation to support (and Payor's actual support of) additional children, I request a finding that an exceptional circumstance exists and that the support per child in this case be limited to the greater of the amount per child shown in line B) above, _____, or the State minimum per child of \$83. Using the higher of the two numbers the total support for the ____ children in this case would be _____ per month.

After deductions for monthly child care expense listed on Line 15 (_____) and health insurance/cash medical cost listed on Line 16 (_____), which are paid directly by Payor, the remaining child support obligation of Payor will be _____ per month.

EXCEPTION REQUESTED DUE TO OTHER CIRCUMSTANCES

SUMMARY OF CHILD SUPPORT PAYMENTS (IF EXCEPTION IS GRANTED)

___ Parent (A) ___ Parent (B) pays monthly child support of _____ to other parent, _____ per child per mo.

___ Parent (A) ___ Parent (B) pays health insurance/cash medical. ___ Parent (A) ___ Parent (B) pays child care expense.



Family Court of the First Circuit – THE JUDICIARY • STATE OF HAWAII
RONALD T.Y. MOON KAPOLEI COURTHOUSE • 4675 KAPOLEI PARKWAY • KAPOLEI, HAWAII 96707-3272

CHRISTINE E. KURIYAMA
SENIOR JUDGE

RONALD G. JOHNSON
CIRCUIT COURT JUDGE

DISTRICT FAMILY JUDGES
REBECCA A. COPELAND
BRIAN A. COSTA
JESSI L.K. HALL
DYAN M. MEDEIROS
KEVIN T. MORIKONE
BODE A. UALE
KRISTINE Y. YOO

October 19, 2020

MEMORANDUM

TO: ALL PERSONS UTILIZING THE CHILD SUPPORT GUIDELINES
FROM: THE SENIOR FAMILY COURT JUDGES

Christine E. Kuriyama
/s/ CHRISTINE E. KURIYAMA
CHRISTINE E. KURIYAMA
Senior Judge, First Circuit

Robert D.S. Kim
/s/ ROBERT D.S. KIM
ROBERT D.S. KIM
Senior Judge, Third Circuit

Richard T. Bissen Jr.
/s/ RICHARD T. BISSEN, JR.
RICHARD T. BISSEN, JR.
Senior Judge, Second Circuit

Randal Valenciano
/s/ RANDAL G.B. VALENCIANO
RANDAL G.B. VALENCIANO
Senior Judge, Fifth Circuit

RE: 2020 CHILD SUPPORT GUIDELINES (Effective November 1, 2020)

Section 576D-7(a) of the Hawai'i Revised Statutes (2010) provides that "[T]he Family Court, in consultation with the [Child Support Enforcement] agency, shall promulgate guidelines to establish the amount of child support when an order for support is sought or being modified under this chapter."

Attached are the 2020 Hawai'i Child Support Guidelines ("Guidelines") with five (5) appendices:

APPENDIX A-1	CHILD SUPPORT GUIDELINES WORKSHEET
APPENDIX A-2	EXTENSIVE TIME-SHARING WORKSHEET
APPENDIX A-3	EXCEPTIONAL CIRCUMSTANCES FORM
APPENDIX B	TABLE OF INCOMES
APPENDIX C	CHECKLIST OF ESSENTIAL INFORMATION

In consultation with Lynette J. Lau, Administrator of the Hawai'i Child Support Enforcement Agency, the Family Courts of Hawai'i have adopted these attached Guidelines. These Guidelines will be effective November 1, 2020, and will supersede all prior guidelines and amendments. These 2020 Guidelines will apply statewide, to all divorce, paternity, and other proceedings involving child support orders entered on or after November 1, 2020, in both the Family Courts and the Office of Child Support Hearings ("OCSH"). Prior to November 1, 2020, parties may stipulate to the application of these 2020 Guidelines.

The 2020 Guidelines are grounded in applicable case law, statutes, and rules. The 2020 Guidelines continue to emphasize the needs of the children, the fair apportionment of costs between parents, and the increase in the children's standard of living commensurate with the actual incomes of their parents. When applicable, policy considerations were determined in favor of the children's needs, fairness, practicality and common sense. Special consideration is placed on making the instructions understandable to self-represented litigants or non-attorneys. As a result, minor grammatical changes were made throughout the 2020 Guidelines to simplify the language.

Given the enactment of the 2018 Tax Reform Bill, the 2020 Guidelines updates all figures driving the child support calculations through 2018 as follows:

- **Base Primary Support** The base primary support is **\$415.00** [monthly difference between 1 and 2-person household per the 2018 Federal Poverty Guidelines ("FPG")]. This is an increase of \$30 from the 2014 Guidelines (previously \$385).
- **Minimum Child Support** The minimum child support amount is **\$83.00**. This is 20% of the base primary support of \$415.00. This is an increase of \$6 from the 2014 Guidelines (previously \$77).
- **Standard of Living Adjustment ("SOLA") Income** SOLA income is gross income minus **\$1,163.00**. The \$1,163.00 is the monthly amount of a 1-person household per the FPG ($\$13,960 \div 12$). This is an increase of \$61.00 from the 2014 Guidelines (previously \$1,102.00).
- **Self-Support (Set Aside) Amount** The self-support figure is **\$900.00**. It is the monthly amount of a 1-person household per the 2018 FPG of \$1,163 less 2018 federal, state, and FICA taxes per the Table of Incomes for a parent earning \$1,163 per month. (1-person household per the FPG). This is an increase of \$60 from the 2014 Guidelines (previously \$840).
- **High Income Earners** State and Federal tax rates are updated through January 1, 2018 in paragraph III.D., relating to "Individuals Employed by Others With Income Over \$13,000 Per Month."
- **Self-Employed Individuals** The calculation of income for Self-Employed Individuals include the updated 2018 SOLA Income and Self-Support Amount.

Further, the 2020 Guidelines addresses the requirements of the “Flexibility, Efficiency, and Modernization in Child Support Enforcement Programs” (“Final Rule”) located at 45 C.F.R. § 302.56. The Final Rule mandated changes for child support guidelines. The goal of these changes is to increase reliable child support for children by setting child support orders based on the noncustodial parent’s earnings, income, or other evidence of ability to pay. The 2020 Guidelines incorporate the Final Rule by:

- Taking into consideration the non-custodial parent’s earnings, income, other evidence of ability to pay, and basic subsistence needs by incorporating a self-support reserve;
- Requiring that, if a parent’s income is imputed, then the parent’s specific circumstances must be considered;
- Requiring that every order for support require either parent, or both, to provide private or public health insurance and/or cash medical support for the child;
- Providing that incarceration may not be treated as voluntary unemployment in establishing or modifying support orders;
- Requiring specific findings if there is a deviation from the presumptive amount of child support; and
- Requiring that future Child Support Guidelines will be reviewed to comply with the Final Rule, 45 CFR 302.56(h).

In requiring the consideration of additional factors relating to the situation of the parents, child support amounts established pursuant to the guidelines are intended to be more reliable, result in less conflict between the parents, and improve collection of child support.

HAWAI'I

CHILD SUPPORT GUIDELINES

2020

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APPENDICES

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APPENDIX B	TABLE OF INCOMES
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THE 2020 HAWAI'I CHILD SUPPORT GUIDELINES

I. INTRODUCTION

State law requires the Hawai'i Family Court ("Court"), the Child Support Enforcement Agency ("CSEA") and the Office of Child Support Hearings ("OCSH") to follow the Hawai'i Child Support Guidelines ("Guidelines") when calculating monthly child support.¹ Under Hawai'i law, both parents have a duty to support their children.² Child support orders may be established, modified, terminated or enforced through the Court, CSEA, or OCSH.³ Unless there is an exceptional circumstance, the amount calculated using these Guidelines must be used in every child support case over which the Court, CSEA, or OCSH has jurisdiction. These Guidelines consider both parents' incomes, ability to pay, and the needs of the child in arriving at a monthly child support amount. These Guidelines are based on the following principles:

- Each parent is entitled to keep sufficient income for his or her basic needs and to facilitate continued employment.
- Each child's basic needs are met before the parents retain any additional income.
- The basic needs of each child includes the cost of child care and the child's health insurance.
- If income is available after the basic needs of the parents and each child is met, each child is entitled to share in any additional income of the parents so each child can benefit from both parents' higher standard of living.

These Guidelines comport with Federal law⁴ as well as Hawai'i statutory and case law, and focus on the best interest of the child. The Court, in consultation with CSEA, updates the Guidelines at least once every four (4) years.⁵

These Guidelines provide a standard method for determining child support while allowing limited variations based on the specific circumstances of each family.

II. CHILD SUPPORT GUIDELINES WORKSHEET ("CSG WORKSHEET"). The calculation of child support using the CSG WORKSHEET (Appendix A-1) is described below. A fully automated CSG WORKSHEET is available at the Judiciary's website (<http://www.courts.state.hi.us>).

A. BASIC CALCULATIONS OF CHILD SUPPORT. Follow the steps described below to complete the CSG WORKSHEET.

1. PARENTS' INCOMES

- Line 1(A): Enter the Monthly Gross Income for Plaintiff/Petitioner/Parent (A), hereinafter referred to as Parent (A) (see §V.J.1.).
- Line 1(B): Enter the Monthly Gross Income for Defendant/Respondent/Parent (B), hereinafter referred to as Parent (B) (see §V.J.1.).
- Line 2(A): Enter the Monthly Net Income for Parent (A) from the Table of Incomes (Appendix B) (for parents with gross incomes over \$13,000 per month see §§III.D. and III.E.).

II. CHILD SUPPORT GUIDELINES WORKSHEET
A. BASIC CALCULATIONS OF CHILD SUPPORT

- Line 2(B): Enter the Monthly Net Income for Parent (B) from the Table of Incomes (Appendix B) (for parents with incomes over \$13,000 per month see §§III.D. and III.E.).
- Line 2(C) Add Lines 2(A) and 2(B) to compute Line 2(C) - total monthly Net Income available to both parents per month.
- Line 3(A): Divide Parent (A)'s Monthly Net Income from Line 2(A) by the total monthly Net Income on Line 2(C) and multiply by 100 to get the percentage. Round to the nearest whole percent.
- Line 3(B): Divide Parent (B)'s Monthly Net Income from Line 2(B) by the total monthly Net Income on Line 2(C) and multiply by 100 to get the percentage. Round to the nearest whole percent.

2. CHILD SUPPORT NEED

- Line 4: Enter the number of children for which child support is being calculated and multiply by \$415 (child's need based on Federal poverty level guidelines for Hawai'i) (see §V.E.2.).
- Line 5: Enter the reasonable child care expenses actually paid by a parent and needed to allow the custodial parent(s) to work or attend vocational education or training (see §V.D.).
- Line 6: Enter the cost for the children's health insurance premiums actually paid or enter the cash medical amount (see §§III.C. & V.L.).
- Line 7: Add Lines 4, 5, and 6 to calculate the PRIMARY CHILD SUPPORT NEED (see §V.S.).

3. STANDARD OF LIVING ADJUSTMENT (SOLA)

- Line 8(A): Enter Parent (A)'s SOLA Income from the Table of Incomes (Appendix B) (for parents with gross incomes over \$13,000 per month see §§III.D. & III.E.).
- Line 8(B): Enter Parent (B)'s SOLA Income from the Table of Incomes (Appendix B) (for parents with gross incomes over \$13,000 per month see §§III.D. & III.E.).
- Line 8(C): Add Lines 8(A) and 8(B) to obtain Line 8(C).
- Line 9: Enter the PRIMARY CHILD SUPPORT NEED from Line 7.

*II. CHILD SUPPORT GUIDELINES WORKSHEET
A. BASIC CALCULATIONS OF CHILD SUPPORT*

- Line 10: Subtract Line 9 from Line 8(C) to calculate the Parents' remaining SOLA Income. If Line 9 is greater than Line 8(C), enter zero. This is the amount of the available SOLA Income in excess of the children's PRIMARY CHILD SUPPORT NEED.
- Line 11: Multiply the number of children by 10%, up to a 30% maximum. For example, 1 child = 10%; 2 children = 20%; 3 or more children = 30% (see §V.E.2.).⁶
- Line 12: Multiply the Parents' remaining SOLA Income from Line 10 by the percentage on Line 11 to obtain the SOLA Amount for the children (see §V.U.).

4. CHILD SUPPORT CALCULATION

- Line 13: Add Line 7 and Line 12.

5. CHILD SUPPORT OBLIGATIONS/CREDITS

- Line 14(A): Multiply Line 13 by Line 3(A) to obtain the Total Support Obligation for Parent (A). Minimum or maximum Total Support Obligations may apply (see §§V.M. & V.K.).
- Line 14(B): Multiply Line 13 by Line 3(B) to obtain the Total Support Obligation for Parent (B). Minimum or maximum Total Support Obligations may apply (see §§V.M. & V.K.).
- Line 15(A): Enter the child care expenses actually paid by Parent (A) from Line 5 (see §V.D.).
- Line 15(B): Enter the child care expenses actually paid by Parent (B) from Line 5 (see §V.D.).
- Line 16(A): Enter the cost for the children's health insurance premiums actually paid by Parent (A) (see §V.L.1.). If Parent (A) is separately ordered to make a cash medical support payment in lieu of providing health insurance coverage, enter the amount ordered on this line (see §§III.C. & V.L.2.).
- Line 16(B): Enter the cost for the children's health insurance premiums actually paid by Parent (B) (see §V.L.1.). If Parent (B) is separately ordered to make a cash medical support payment in lieu of providing health insurance coverage, enter the amount ordered on this line (see §§III.C. & V.L.2.).

II. CHILD SUPPORT GUIDELINES WORKSHEET
A. BASIC CALCULATIONS OF CHILD SUPPORT

Line 17(A): For Parent (A), subtract Line 15(A) and Line 16(A) from Line 14(A) to calculate the REMAINING CHILD SUPPORT OBLIGATION AFTER CREDITS. This line indicates the remaining child support obligation of Parent (A) rounded to the nearest dollar. If Parent (A) is the non-custodial parent, that parent must pay to Parent (B) the amount set forth on Line 17(A), unless an EXTENSIVE TIME-SHARING WORKSHEET and/or an EXCEPTIONAL CIRCUMSTANCES FORM is being used.

Line 17(B): For Parent (B), subtract Line 15(B) and 16(B) from Line 14(B) to calculate the REMAINING CHILD SUPPORT OBLIGATION AFTER CREDITS. This line indicates the remaining child support obligation of each parent rounded to the nearest dollar. If Parent (B) is the non-custodial parent, that parent must pay to Parent (A) the amount set forth on Line 17(B), unless an EXTENSIVE TIME-SHARING WORKSHEET and/or an EXCEPTIONAL CIRCUMSTANCES FORM is being used.

6. **SUMMARY OF CHILD SUPPORT PAYMENTS.** Check the boxes to show which parent will pay child support to the other. Enter the amount of child support per child per month and the amount of total child support to be paid per month. Check the boxes to show which parent is responsible for the payment of child care and health insurance costs.

If an EXTENSIVE TIME-SHARING WORKSHEET and/or an EXCEPTIONAL CIRCUMSTANCES FORM is being used, mark the appropriate line with an "X."

7. **CERTIFICATION.** Sign and date the certification at the bottom of the page.

- B. **ATTACHMENTS.** Use the following EXTENSIVE TIME-SHARING WORKSHEET (Appendix A-2) and/or EXCEPTIONAL CIRCUMSTANCES FORM (Appendix A-3), if applicable.

1. **EXTENSIVE TIME-SHARING WORKSHEET.** If the parents share equal time, the non-custodial parent has extensive visitation, or there are two (2) or more children and each parent will have sole physical custody of at least one (1) of the children, then enter an "X" in front of "EXTENSIVE TIME-SHARING WORKSHEET attached" on the CSG WORKSHEET and complete the EXTENSIVE TIME-SHARING WORKSHEET (see §V.H.2.). The calculation of child support using the EXTENSIVE TIME-SHARING WORKSHEET (Appendix A-2) is described below. A fully automated EXTENSIVE TIME-SHARING WORKSHEET is available at the Judiciary's website (<http://www.courts.state.hi.us>).

II. CHILD SUPPORT GUIDELINES WORKSHEET
A. BASIC CALCULATIONS OF CHILD SUPPORT

- a. EQUAL TIME-SHARING CALCULATION (LINES 18 THROUGH 21):** Where parents have equal time-sharing, each will be considered to have the children for six (6) months during the year (see §V.H.1.). In such cases, prepare the EQUAL TIME-SHARING WORKSHEET to determine the child support to be paid by each parent (Line 21 of the EXTENSIVE TIME-SHARING WORKSHEET). To avoid the unnecessary transfer of funds, the “payout” of each parent for the year is determined by multiplying the monthly support obligation of each parent by six (6) months. If one parent’s total child support obligation is greater than that owed by the other, the excess amount is divided by 12 and paid monthly to the other parent over the course of the year.
- Line 18(A): Enter the support for Parent (A) from Line 17(A) of the CSG WORKSHEET. If the support is less than \$83 per child, then enter \$83 multiplied by the total number of children.
- Line 18(B): Enter the support for Parent (B) from Line 17(B) of the CSG WORKSHEET. If the support is less than \$83 per child, then enter \$83 multiplied by the total number of children.
- Line 19(A): Multiply Line 18(A) by 6 months for Parent (A)’s YEARLY SUPPORT OBLIGATION UNDER EQUAL TIME-SHARING.
- Line 19(B): Multiply Line 18(B) by 6 months for Parent (B)’s YEARLY SUPPORT OBLIGATION UNDER EQUAL TIME-SHARING.
- Line 20(C): Calculate the difference between Lines 19(A) and 19(B). Subtract the smaller amount from the larger amount.
- Line 21 Divide Line 20(C) by 12 months to obtain the monthly child support to be paid by the parent with the larger child support obligation. Enter the monthly child support amount rounded to the nearest dollar. Also enter this monthly child support amount in the Summary of Child Support Payments on the EXTENSIVE TIME-SHARING WORKSHEET (see §II.B.1.d.).
- b. EXTENSIVE TIME-SHARING CALCULATION (LINES 22 THROUGH 29):** When a parent has more than 143 overnights per year, but less than 183, complete Lines 22 through 29 (see §V.H.2.).

II. CHILD SUPPORT GUIDELINES WORKSHEET
A. BASIC CALCULATIONS OF CHILD SUPPORT

- Line 22: Enter the number of overnights for only the parent with fewer overnights.
- Line 23(C): Enter the support obligation as listed on Line 17 of the CSG WORKSHEET for the parent with fewer overnights.
- Line 24(C): Enter the child support obligation calculated for equal time-sharing from Line 21(A) or 21(B).
- Line 25(C): If the parent with fewer overnights is also the paying parent in the equal time-sharing calculation, **subtract** the equal timesharing child support (Line 24) from the monthly basic support (Line 23). This will determine the difference between the monthly basic support obligation and the monthly equal time-sharing support obligation.

In some situations, the parent with more overnights has the higher income, and therefore, a higher child support obligation than the other parent under an equal time-sharing child support calculation (Line 21 of the EXTENSIVE TIME-SHARING WORKSHEET). If the parent paying monthly basic child support in Line 23 is different from the parent paying child support under an equal time-sharing arrangement in Line 24, **add** Lines 23 and 24.

- Line 26(C): Divide Line 25 by 40 overnights (the difference in the number between 143 overnights of extensive time-sharing and 183 overnights of equal time-sharing) to calculate the Adjustment Rate.
- Line 27(C): Enter the number of overnights in excess of 143 (e.g. for 160 overnights of time-sharing per year, enter "17" on Line 27).
- Line 28(C): Multiply the Adjustment Rate (Line 26) by the number of overnights over 143 (Line 27) to obtain the CREDIT FOR OVERNIGHTS EXCEEDING 143 per year.
- Line 29(C): Subtract Line 28 from Line 23 to adjust monthly support (from Line 23) for the additional overnights. The total on Line 29 is the monthly support to be paid under extensive time-sharing, rounded to the nearest dollar. Also enter this monthly child support amount in the Summary of Child Support Payments on the EXTENSIVE TIME-SHARING WORKSHEET (see §II.B.1.d.).

II. CHILD SUPPORT GUIDELINES WORKSHEET
A. BASIC CALCULATIONS OF CHILD SUPPORT

- c. SPLIT CUSTODY CALCULATION:** If the two parents “split” custody of their children, with Parent (A) having sole physical custody of one or more of the children and Parent (B) having sole physical custody of the remaining children, use the Split Custody Calculation regarding the children in each individual household (see §V.H.6.). To avoid unnecessary transfers of funds, the amounts payable by each parent to the other shall be offset with a net amount to be paid by the parent having the greater child support obligation.

Designate the number of children with Parent (A) and the number of children with Parent (B).

Line 30(A): Enter Parent (A)’s support obligation as listed on Line 17(A) of the CSG WORKSHEET.

Line 30(B): Enter Parent (B)’s support obligation as listed on Line 17(B) of the CSG WORKSHEET.

Line 31(C): Enter the total number of children in this case as listed on Line 4 of the CSG WORKSHEET.

Line 32(A): Divide Parent (A)’s support obligation in Line 30(A) by the number of children listed in Line 31.

Line 32(B): Divide Parent (B)’s support obligation in Line 30(B) by the number of children listed in Line 31.

Line 33(A): Enter the number of children with Parent (B).

Line 33(B): Enter the number of children with Parent (A).

Line 34(A): Multiply Parent (A)’s support per child from Line 32(A) by the number of children with Parent (B) in Line 33(A).

Line 34(B): Multiply Parent (B)’s support per child from Line 32(B) by the number of children with Parent (A) in Line 33(B).

Line 35: Subtract the smaller amount in Line 34 from the larger amount. Enter the difference in the column of the parent with the larger amount on Line 34 to calculate the amount of child support that one parent needs to pay the other parent in a split custody arrangement. Also enter the monthly child support amount in the Summary of Child Support Payments on the EXTENSIVE TIME-SHARING WORKSHEET (see §II.B.1.d.)

II. CHILD SUPPORT GUIDELINES WORKSHEET
A. BASIC CALCULATIONS OF CHILD SUPPORT

d. **SUMMARY OF CHILD SUPPORT PAYMENTS:** Check the boxes to show which parent will pay child support to the other. Enter the amount of child support per child per month and the amount of total child support to be paid per month. Check the boxes to show which parent is responsible for the payment of child care and health insurance costs.

2. **EXCEPTIONAL CIRCUMSTANCES FORM.** If exceptional circumstances exist, then enter an “X” in front of “EXCEPTIONAL CIRCUMSTANCES FORM attached” on the CSG WORKSHEET and complete the EXCEPTIONAL CIRCUMSTANCES FORM. The calculation of child support using the EXCEPTIONAL CIRCUMSTANCES FORM (Appendix A-3) is described below. An automated form is available at the Judiciary’s website (<http://www.courts.state.hi.us>).

a. **GENERAL CONSIDERATIONS**

- i. Presumptive Child Support Amount. For the reasons stated in the Introduction to these Guidelines, the Court, CSEA, or OCSH, must order the amount of child support as calculated by the CSG WORKSHEET and/or EXTENSIVE TIME-SHARING WORKSHEET, unless there are exceptional circumstances that warrant a deviation.⁷
- ii. Burden of Proof for Exceptional Circumstances. The party requesting the deviation from the presumptive child support amount has the burden of proving that exceptional circumstances exist and that the circumstances warrant a departure from the child support as calculated by the worksheets. The EXCEPTIONAL CIRCUMSTANCES FORM should be attached whenever a party is making a request to deviate.
- iii. Determination on a Case-by-Case Basis. The Court, CSEA, or OCSH shall determine whether exceptional circumstances exist on a case-by-case basis. The Court, CSEA, and OCSH have the discretion to determine to what extent exceptional circumstances, if found, will impact the presumptive child support amount.
- iv. Required Findings. Whenever there is a deviation from the amount shown on the worksheets, the Court, CSEA, or OCSH shall make oral findings of fact on the record or shall prepare written findings of fact that the application of the Guidelines in that case would be unjust or inappropriate. Such findings shall (1) state the presumptive amount of support that would have been required under the Guidelines, (2) explain why the presumptive amount is unjust or inappropriate to justify why the order varies from the Guidelines, and (3) state that the Court, CSEA, or OCSH has considered the best interest of the child before varying

II. CHILD SUPPORT GUIDELINES WORKSHEET
A. BASIC CALCULATIONS OF CHILD SUPPORT

from the presumptive amount.⁸

b. **EXAMPLES OF POSSIBLE EXCEPTIONAL CIRCUMSTANCES** include (without limitation) the following:

- i. Child Support Exceeds 70% of Net Income. When child support is greater than 70% of the obligor's net income (as set forth in the Table of Net Incomes) (Appendix B), there may be an exceptional circumstance.
- ii. Support of Additional Children. When a Payor is supporting children in addition to the subject children (see §V.E.2.), there may be an exceptional circumstance. The Payor bears the burden of proving the total number of additional children (see §V.E.1.) claimed for this exceptional circumstance.
 - aa. In addition to the subject children, the Court, CSEA, or OCSH may consider the additional following children:
 - Any child the Payor is required to support by statute, Court or administrative order (see §V.E.1.); and/or
 - Any child actually being supported by the Payor (e.g., providing food, shelter, clothing, utilities and/or transportation) and whom the Payor is also required to support.⁹
 - bb. Under this exceptional circumstance, the child support for the subject children may be set at the higher of the following:
 - The amount obtained by dividing the Payor's net income by the total number of children eligible for consideration (see EXCEPTIONAL CIRCUMSTANCES WORKSHEET); or
 - \$83.00 per child.
- iii. Extraordinary Needs of Children/Other Parent. When the subject children have, or a parent has, extraordinary needs (e.g., special educational and/or housing needs for a physically or emotionally disabled child), there may be an exceptional circumstance.

II. CHILD SUPPORT GUIDELINES WORKSHEET
A. BASIC CALCULATIONS OF CHILD SUPPORT

- iv. Other Payments for Children/Other Parent. When payments made by the Payor to or for the benefit of the subject children, or the other parent, are obligated to be made by law or by Court or administrative order, including but not limited to, payment for extraordinary medical needs, there may be an exceptional circumstance.
 - v. Support Exceeding Needs of Children. When the amount of child support as calculated by the worksheets for the subject children exceeds the reasonable needs of the children based on the children's appropriate standard of living, there may be an exceptional circumstance.¹⁰ The appropriate standard of living for the children must take into account the current financial situation of both parents.¹¹
 - vi. Inability to Earn Income. When a Payor has a net income of zero on the Table of Incomes (e.g., disabled, incapacitated, incarcerated, or involuntarily unemployed), there may be an exceptional circumstance. Based on the circumstances of the case, the Court, CSEA, or OCSH may order no child support.
 - vii. Payment of Financial Obligations That Would Normally be Covered Within Child Support. When the parents are not economically separated, there may be an exceptional circumstance. The Guidelines assume that the parents have no shared financial obligations. In some situations, such as pending divorce cases, a parent may be paying for obligations that would normally be covered by child support. These may include lodging, utilities, transportation, insurance, and educational expenses that one parent pays in whole or in part. The allocation of these payments may affect the deviation, if any.
 - viii. Adult Children. See §III.A.2.c.
 - ix. Private Education Expenses (PEX). When the child is in private school, there may be an exceptional circumstance (see §V.R.).¹²
 - x. Other Exceptional Circumstances. The Court, CSEA, and OCSH have the discretion to find other exceptional circumstances.
- c. **EXAMPLES OF WHERE NO EXCEPTIONAL CIRCUMSTANCES EXIST** include (without limitation) the following:
- i. Agreement for Lesser Amount. While the parents' agreement to an amount of child support higher than the amount calculated according to the worksheets may be enforceable, the parents' agreement for the payment of less than the amount of child support as calculated using the worksheets is not, by itself, an

III. OTHER CHILD SUPPORT CONSIDERATIONS

A. ADULT CHILDREN

exceptional circumstance.¹³

ii. Remarriage and Step-Children. The remarriage of a Payor to an individual who has a child from another relationship is not an exceptional circumstance.¹⁴

iii. Visitation Expenses. The need to pay transportation expenses relating to visitation is not an exceptional circumstance.¹⁵

iv. Heavy Debt. Ordinarily, the existence of heavy debt is not an exceptional circumstance.¹⁶

d. **SUMMARY OF CHILD SUPPORT PAYMENTS.** Check the boxes to show which parent will pay child support to the other. Enter the amount of child support per child per month and the amount of total child support to be paid per month. Check the boxes to show which parent is responsible for the payment of child care and health insurance costs.

III. OTHER CHILD SUPPORT CONSIDERATIONS

A. ADULT CHILDREN

1. **GENERAL CONSIDERATIONS.** The Court, CSEA, or OCSH may order the parents to provide for the support, maintenance, and education of adult children. The request for support may be made before or after the children have attained the age of majority.¹⁷ After the children reach the age of majority, establishment of a child support order may only be made through the Court. After the children reach the age of majority, CSEA will only modify or enforce an existing child support order.¹⁸

2. EDUCATION/VOCATIONAL TRAINING CONSIDERATIONS

a. The Court, CSEA, or OCSH may order support for adult children who are presently enrolled as a full-time students in school or have been accepted into and plan to attend as full-time students for the next semester at a post-high school university, college or vocational school.¹⁹

b. If the Court, CSEA, or OCSH orders support for adult children, then the Court, CSEA, or OCSH must order the amount as calculated by the worksheets unless there are exceptional circumstances that warrant a deviation.²⁰

c. The Court, CSEA, or OCSH may consider both parents' incomes and resources, and adult children's reasonable expenses, income, and resources,²¹ in determining whether there are exceptional circumstances that warrant a deviation.²²

III. OTHER CHILD SUPPORT CONSIDERATIONS
B. SOCIAL SECURITY

3. **DISABILITY CONSIDERATIONS**

The Court, CSEA, or OCSH may order the parents to provide for the support, maintenance, and education of incompetent or disabled adult children. The order may be issued before or after each child has attained the age of majority. The order may be issued regardless of whether the incompetent or disabled adult child is presently enrolled as a full-time or part-time student in school or has been accepted into and plans to attend as a full-time or part-time student for the next semester at a post-high school, university, college or vocational school.²³

4. **POST-9/11 GI-BILL BENEFITS CONSIDERATIONS**

The Court, CSEA, or OCSH has the discretion to consider Post-9/11 GI-Bill Benefits in calculating support.

B. **SOCIAL SECURITY**

1. **GENERAL.** A parent may receive Social Security benefits as a result of that parent's retirement or disability. The parent receiving Social Security benefits may also apply for benefits on behalf of his or her children based on that parent's retirement or disability. Social Security benefits [except Supplemental Security Income (SSI)] are included as gross income and may be credited against child support depending on whose retirement or disability generates the benefit and who actually receives the benefit.

2. **INCOME AND CREDIT CONSIDERATIONS**

a. **BENEFITS RECEIVED BY A PARENT FOR HIS OR HER RETIREMENT OR DISABILITY.** Social Security benefits received by a parent for his or her retirement or disability (except Supplemental Security Income (SSI)) shall be included in the retired or disabled parent's gross income for the purpose of calculating child support (see §V.J.1.k.).

b. **BENEFITS FOR CHILDREN DUE TO A PARENT'S RETIREMENT OR DISABILITY.** Social Security dependency benefits for the subject children due to a parent's retirement or disability shall also be included in the retired or disabled parent's gross income for the purpose of calculating child support.

c. **CREDITS FOR CHILDREN'S BENEFITS DUE TO A PARENT'S RETIREMENT OR DISABILITY.** The actual amount of the dependency benefit described in paragraph 2.b. above may be a credit against the retired or disabled parent's child support obligation if the benefit is paid to the other parent

III. OTHER CHILD SUPPORT CONSIDERATIONS
C. HEALTH INSURANCE AND CASH MEDICAL SUPPORT

or a third party legally authorized to receive benefits for the children. The credit can only be used to pay for child support owed during the period that the Social Security dependency benefit was paid.²⁴

- d. **DEPENDENCY BENEFITS IN EXCESS OF CHILD SUPPORT.** The amount of the dependency benefit in excess of a child support obligation will be considered a gift to the children involved.²⁵
- e. **BENEFITS RECEIVED DUE TO THE SUBJECT CHILDREN'S DISABILITY.** Social Security benefits received for the subject minor children due to the subject children's disability, such as SSI, should not be credited against either parent's child support obligation. The benefit received for the minor children shall not be included as gross income to either parent.

C. HEALTH INSURANCE AND CASH MEDICAL SUPPORT

1. **RESPONSIBILITY TO PROVIDE MEDICAL SUPPORT.** The parents' responsibility to provide for the medical support of their children must be addressed in every order for support.²⁶ Either parent, or both, may be ordered to provide for the medical support needs of their children.
2. **ORDER MUST PROVIDE FOR HEALTH INSURANCE.** An order for either parent to provide private or public health insurance and/or cash medical support for the subject children must be issued.
3. **REASONABLE COST OF HEALTH INSURANCE.** The cost of private health insurance is considered reasonable if the amount does not exceed ten percent (10%) of the net income of the parent responsible for providing the private health insurance coverage, as determined by the Table of Incomes (Appendix B). In determining whether it exceeds ten percent (10%), the cost of private health insurance is the amount that a parent pays monthly for the children's coverage over and above the cost of single person coverage or the cost to add the children to an existing plan with other family members.
4. **ACCESSIBILITY OF MEDICAL CARE.** In addition to the cost, private health insurance is considered accessible if the medical care provider is located:
 - a. on the same island as the subject children for the islands of Kaua'i, Lana'i, Mau'i, Moloka'i, Ni'ihau, and O'ahu, or

III. OTHER CHILD SUPPORT CONSIDERATIONS

D. INDIVIDUALS EMPLOYED BY OTHERS WITH INCOME OVER \$13,000 PER MONTH

- b. within 30 miles or 30 minutes from the primary residence of the children for the Island of Hawai'i or any location outside the State.

However, the Courts, CSEA, and OCSH may consider other factors relevant to the accessibility of medical care to the children.

- 5. **CASH MEDICAL PAYMENT.** Where private health insurance is not available to either parent, is not reasonable in cost, or is not accessible to the children, one parent may be ordered to make cash medical support payments of ten percent (10%) of the parent's net income as determined by the Table of Incomes (Appendix B). The parent who will be ordered to pay child support is usually the one who will be ordered to make cash medical support payments. The cash medical support amount must be ordered separately from the calculated child support amount and shall be included on Line 6 and on Line 16 (for the parent who pays) of the CSG WORKSHEET. The Court, CSEA, or OCSH may find exceptional circumstances that warrant a deviation.
- 6. **COST IN EXCESS OF 10% NET INCOME.** If determined to be in the children's best interest, the Court, CSEA, or OCSH may order a parent to provide private health insurance for the subject children in excess of ten percent (10%) of the parent's net income. If this occurs, the Court, CSEA, or OCSH may also determine whether it is in the best interest of the children to enter an order for the parent not providing private health insurance to make cash medical support payments in an amount up to ten percent (10%) of the parent's net income as determined by the Table of Incomes (Appendix B).

D. INDIVIDUALS EMPLOYED BY OTHERS WITH INCOME OVER \$13,000 PER MONTH

The automated version of the CSG WORKSHEET will calculate Monthly Net Income (Line 2) on gross income up to \$999,999.00 per month. Use the following steps to manually calculate Monthly Net Income on gross income greater than \$13,000 per month:

- 1. Adding the gross monthly income from all sources (see §V.J.1.).
- 2. Subtracting all three taxes:

State and Federal taxes are calculated using the Hawai'i and Federal rates initially in effect as of January 1, 2018 calculated on a monthly basis:

- a. FICA RELATED TAX 1.45% (.0145) multiplied by income plus 0.9% (.009) of income over \$16,667
- b. STATE OF HAWAI'I TAX For incomes up to but not over \$14,583; \$969 plus 9.00% (.09) multiplied by the excess of income over \$12,500

III. OTHER CHILD SUPPORT CONSIDERATIONS
D. INDIVIDUALS EMPLOYED BY OTHERS WITH INCOME OVER \$13,000 PER MONTH

For incomes over \$14,583 but not over \$16,667; \$1,157 plus 10.00% (.10) multiplied by the excess income over \$14,583

For incomes over \$16,667; \$1,365 plus 11.00% (.11) multiplied by the excess of income over \$16,667

c. FEDERAL TAX

For incomes up to but not over \$13,125, multiply it by 24% (.24) then subtract \$476

For incomes over \$13,125 but not over \$16,667, multiply it by 32% (.32) then subtract \$1,526

For incomes over \$16,667 but not over \$41,667, multiply it by 35% (.35) then subtract \$2,026

For incomes over \$41,667, multiply it by 37% (.37) then subtract \$2,859

3. Subtracting \$900 (after-tax poverty level self support in Hawai'i).

FORMULA

MONTHLY GROSS

INCOME (Line 1)	\$ _____
FICA	- _____
STATE OF HAWAI'I TAX	- _____
FEDERAL TAX	- _____
SELF-SUPPORT	- \$900

MONTHLY NET INCOME
FOR CSG WORKSHEET (Line 2) \$ _____

4. SOLA Income (Line 8) is Monthly Gross Income (Line 1) minus \$1,163.00.

E. SELF-EMPLOYED INDIVIDUALS

1. **SELF-EMPLOYED** individuals with gross incomes under \$13,000 per month may calculate Monthly Net Income (Line 2) either (1) by using the automated version of the CSG WORKSHEET or, (2) if there is no eligible qualified business income deduction as defined in Internal Revenue Code Section 199A,²⁷ by using the manual steps in §III.E.2. below.²⁸ Self-employed individuals must report gross income minus ordinary, necessary and reasonable business/operating expenses, and may include a reasonable amount for ordinary wear and tear of capital assets (calculated on a straight line basis over the useful life of the asset), minus one-half of self-employment taxes (refer to tax returns). The Court, CSEA, or OCSH may determine what (if any) depreciation may be subtracted.²⁹

*III. OTHER CHILD SUPPORT CONSIDERATIONS
E. SELF-EMPLOYED INDIVIDUALS*

2. **SELF-EMPLOYED INDIVIDUALS WITH INCOME OVER \$13,000 PER MONTH** may calculate Monthly Net Income (Line 2) either (1) by using the automated version of the CSG WORKSHEET (on gross income up to \$999,999.00 per month) or, (2) if there is no eligible qualified business income deduction as defined in Internal Revenue Code Section 199A,³⁰ by using the manual steps in §III.E.2. below.³¹

a. STEP ONE

Add the gross monthly earned income from all sources.

Deduct any allowable ordinary and necessary expenses (see §III.E.1.).

Calculate net self-employment income (gross less allowed expenses).

Multiply the net self-employment income by 92.35% (.9235) to calculate the amount subject to Self-Employment Tax.

Calculate the self-employment tax on 92.35% of net self-employment income, 15.3% on net earned income up to \$9,475 per month, and 2.9% on net earned income above that amount.

b. STEP TWO

Use the net self-employment income as calculated above.

Add all other remaining non-earned income for Total Income Subject to Tax.

Deduct one-half (½) of the Self-Employment Tax.

Calculate State and Federal Tax on the result using the applicable tables (see §III.D.2.(b)(c)).

c. STEP THREE

Use the Total Income Subject To Tax from Step 2.

Subtract

Self-Employment Tax
State Income Tax
Federal Income Tax
Self-Support of \$900 (after tax poverty level self-support in Hawai'i)

The result is the Net Income for CSG WORKSHEET.

3. **SOLA INCOME** is total monthly gross income (see §V.J.1.) less ordinary & necessary monthly expenses (see §III.E.1.) less \$1,163.00.

IV. MODIFYING CHILD SUPPORT

- A. GENERAL CONSIDERATIONS.** A request for suspension, termination, or modification of child support may be filed either with the Court or CSEA.³² Child support may increase even when the request is for a decrease, and it may decrease even when the request is for an increase.³³ The most current Guidelines shall be used to calculate the modified child support obligation.³⁴
- B. REQUEST TO REVIEW AND POSSIBLY MODIFY.** A parent has a right to request that the Court or CSEA review and possibly adjust child support not more than once every three (3) years without having to show a change in circumstances. However, a parent can seek an adjustment if there has been a change in circumstances since the last child support order.³⁵
- C. WHEN A REQUEST TO MODIFY MAY BE MADE.** A party may request modification:
1. When at least three years have passed since the existing child support order was filed;³⁶
 2. When a change in the circumstances of the parties and/or the subject children is substantial and material enough to justify a new child support amount (for example, a change in income, a change in child custody, or a change in the number of children eligible for child support);³⁷ or
 3. When existing Guidelines are replaced or modified.³⁸
- D. PRESUMPTIONS REGARDING MODIFICATION** The change in circumstances is presumed to be sufficient to modify child support if the new calculation is ten percent (10%) higher or lower than the existing child support obligation.³⁹

V. TERMS AND DEFINITIONS

- A. ALLOCATION OF AWARD PER CHILD** shall be done by dividing child support equally per child within the pending case or hearing. For example, if child support for three (3) children is \$300 per month, the award of child support is \$100 per month per child for a total of \$300.
- B. ASSETS FOR PAYMENT OF SUPPORT** may be applied when a parent has inadequate income to meet his or her child support obligation. If the parent owns assets, he or she may be required to convert all or some portion of said assets to cash for payment of support.
- C. BASE PRIMARY SUPPORT** is the minimum amount of child support needed to provide for the children's basic living needs in the State of Hawai'i. The Base Primary Support amount is reflected on Line 4 of the CSG WORKSHEET. This amount is \$415.00, which is the monthly difference between a two and one person household according to the 2018 Federal Poverty Guidelines.

V. TERMS AND DEFINITIONS

- D. CHILD CARE EXPENSES** are those actually paid and are needed to allow the parents to work or attend vocational education or training. Child care expenses reflected in the CSG WORKSHEET should be reasonable considering the financial circumstances of the parents, should not exceed the level required to provide reasonable care for the children, and should be included only if the custodial parent is employed or attending vocational education or training. The CHILD CARE EXPENSES are reflected on Lines 5 and 15 of the CSG WORKSHEET.
- E. CHILDREN:**
- 1. ADDITIONAL CHILDREN** means children for whom a duty of support is required by statute⁴⁰ or court order.
 - 2. SUBJECT CHILDREN** means the children of the parents for whom child support is being calculated in the pending case or hearing.
 - 3. CHILD** as used in these Guidelines also means children, and children as used in these Guidelines also means one child, if applicable.
- F. CHILD SUPPORT CALCULATION** is the Primary Child Support Need and the SOLA support that would be available and used by the parents on behalf of the children if the parents had remained in one household. The total Child Support Calculation is reflected on Line 13 of the CSG WORKSHEET.
- G. CHILD SUPPORT NEED** covers minimum monthly needs and costs above the cost of the parent to meet his or her own housing, food and other minimum essential needs. Minimum child support needs also include the cost of health insurance and child care expenses. The minimum child support needs are calculated on lines 4-7 of the CSG WORKSHEET.
- H. CUSTODY (for calculating child support):**
- 1. EQUAL TIME-SHARING** means that each parent has the children approximately 183 overnights per year.⁴¹ When there is equal timesharing for child support purposes, child support is determined by Line 21 of the EXTENSIVE TIME-SHARING WORKSHEET.
 - 2. EXTENSIVE TIME-SHARING** means that a parent has the children more than 143 overnights, but less than 183 overnights, per year. When there is extensive time-sharing for child support purposes, child support is determined by Line 29 of the EXTENSIVE TIME-SHARING WORKSHEET.
 - 3. JOINT PHYSICAL CUSTODY** is statutorily defined in Hawai‘i as: “physical custody . . . shared by the parents . . . in such a way as to assure the child or children of frequent, continuing, and meaningful contact with both parents . . .”⁴² Under the Guidelines, child support is based on the number of overnights per year. Except for the terms in this Section, child support is not based on the label given to the time-sharing arrangement.

V. TERMS AND DEFINITIONS

4. **PHYSICAL CUSTODY** to one parent (sometimes referred to as the “custodial parent”) for child support purposes is based on the number of overnights that the children spend with a parent.
5. **SOLE PHYSICAL CUSTODY** to one parent, for child support purposes, means that the other parent has 143 or fewer overnights per year.
6. **SPLIT CUSTODY** means that one parent has sole physical custody of one or more of the children and the other parent has sole physical custody of the remaining child or children. When there is split custody for child support purposes, child support is determined by Line 35 of the EXTENSIVE TIME-SHARING WORKSHEET.

I. **HEALTH INSURANCE:** See “Medical” at §V.L.

J. **INCOME:**

1. **GROSS INCOME** is income from all sources, including but not limited to:
 - a. Employment salaries and wages, tips, commissions, bonuses, profit sharing, deferred compensation, severance pay, and stock options;
 - b. Income from overtime and additional jobs;
 - c. Spousal support received;
 - d. Investment income, such as interest, tax exempt interest, dividend income, and capital gain income;
 - e. Rental income (gross income less directly related reasonable expenses⁴³);
 - f. Income that is exempt from, or subject to lower, Federal and/or State taxes;⁴⁴
 - g. Business income from closely held entities including corporations, S corporations, LLC, LLP, and/or partnerships;⁴⁵
 - h. Pension income;
 - i. Trust and/or estate income;
 - j. Annuity income;
 - k. Social Security benefits received by the parent but not Supplemental Security Income (*see* §III.B.);
 - l. Veteran’s benefits received;
 - m. Military base and special pay and allowances, such as basic allowance for housing (BAH), basic allowance for subsistence (BAS), hazardous duty pay, cost-of-living allowance (COLA), selective reenlistment bonus (SRB), retired/retainer pay, reserve pay, etc.;
 - n. National Guard and Reserve drill pay;
 - o. Locality pay;
 - p. Benefits received in place of earned income, such as workers’ compensation benefits, unemployment insurance benefits, strike pay and disability insurance benefits;
 - q. Monetary gifts⁴⁶, lottery and gambling winnings;
 - r. Income from contractual agreements;
 - s. Income from self-employment or ownership in a business enterprise regardless of the format of tax reporting;

V. TERMS AND DEFINITIONS

- t. Fringe benefits, such as use of company car, free housing and reimbursed expenses which reduce personal living expenses; and
- u. Other income.

2. **GROSS INCOME** excludes:

- a. Spousal support paid;
- b. Temporary Assistance to Needy Families (TANF);
- c. Supplemental Security Income (SSI);
- d. Food Stamps and Supplemental Nutrition Assistance Program (SNAP);
- e. Section 8 Housing Allowances;
- f. General Assistance Grants;
- g. Pell Grants and benefits received from the Jobs Training Partnership Act;
- h. Special Supplemental Nutrition Program for Women, Infants, and Children (WIC); and
- i. Adoption assistance payments.

3. **IMPUTED INCOME** may be used when a parent is not employed full-time or is employed below full earning capacity. Incarceration shall not be considered voluntary unemployment in establishing or modifying an order of support.⁴⁷ Whether incarcerated or not, if a parent's income is imputed, the parent's specific circumstances must be considered, including but not limited to:

- a. The parent's assets;
- b. The parent's residence;
- c. The parent's employment and earnings history;
- d. The parent's reasonable work aspirations;⁴⁸
- e. The parent's job skills;
- f. The parent's education;
- g. The parent's literacy;
- h. The parent's age;
- i. The parent's health;
- j. The parent's criminal record and other employment barriers;
- k. The parent's record of seeking work;
- l. The local job market;
- m. The availability of employers willing to hire the parent;
- n. The prevailing earnings level in the local community; and
- o. The reasonable needs of the children.⁴⁹

If a parent's income is limited in order to care for children to whom the parents owe a joint legal responsibility, and at least one of the children is 3 years of age or younger, then no additional income will be imputed to that parent. If all of the subject children are over 3 years of age, and the parent who receives support is mentally and physically able to work, and remains at home and does not work, then thirty (30) hours (or less) of weekly earnings at the minimum wage may be imputed to that parent.⁵⁰

V. TERMS AND DEFINITIONS

4. **NET INCOME** is calculated by deducting from gross income:
 - a. 2018 State and Federal taxes and 2018 FICA taxes, in effect on January 1, 2018, for a single taxpayer claiming one exemption, and
 - b. an additional \$900 for after-tax poverty level self-support. The “self-support” amount of \$900 is calculated by taking the 2018 poverty guidelines figure for a single individual of \$13,960, and deducting FICA tax and federal and Hawai‘i income taxes based on 2018 rates for a single tax filer.

Net Income is **not** actual disposable income or take-home pay. The taxes used in this calculation are not necessarily the actual taxes paid by the parent.

5. **STANDARD OF LIVING ADJUSTMENT (SOLA) INCOME** is gross income minus \$1,163.00, based on the 2018 Federal poverty guidelines for minimum food, clothing shelter and other essential needs of the parent.
 6. **TABLE OF INCOMES** lists the monthly Gross Income, Net Income, and Standard of Living Adjustment (SOLA) Income. It also calculates 70% of Net Income.
- K. MAXIMUM CHILD SUPPORT** means that the Total Support Obligation for a parent in Line 14 of the CSG WORKSHEET generally should not exceed that parent’s Monthly Net Income on Line 2 of the CSG WORKSHEET, if the Monthly Net Income exceeds \$83 per child.
- L. MEDICAL:**
1. **HEALTH INSURANCE EXPENSE** is the amount paid to an insurance company or deducted from pay for health insurance coverage (medical, dental, vision, drug, etc.) (see §III.C.). The Monthly Health Insurance Expense for Line 6 and 16 of the CSG WORKSHEET (for the parent who pays), is the amount that a parent pays monthly for the subject children’s coverage over and above the cost of single person coverage or the cost to add those children to an existing plan with other family members.
 2. **CASH MEDICAL** is the amount one parent may be ordered to pay. The amount would be ten percent (10%) of that parent’s net income as determined by the Table of Incomes (Appendix B). The cash medical support amount must be ordered separately from the calculated child support amount and shall be included on Line 6 and on Line 16 of the CSG WORKSHEET (for the parent who pays) (see §III.C.).
- M. MINIMUM CHILD SUPPORT** is \$83 per month per child. However, exceptional circumstances may apply (see §II.B.2.) and using the EQUAL TIME-SHARING calculation may result in a lower than minimum child support amount.

V. TERMS AND DEFINITIONS

- N. MONTHLY AMOUNTS** shall be used to present all information to the Court, CSEA, or OCSH. For example, where a parent receives weekly income, multiply the weekly amount by 52 pay periods and divide by 12 months to arrive at a correct monthly amount. Where a parent receives income twice a month (such as on the 1st and 15th of the month) multiply the semimonthly amount by 2 to arrive at a correct monthly amount. Where a parent receives income every two weeks (such as every other Friday) multiply the biweekly amount by 26 pay periods per year and divide by 12 months to arrive at a correct monthly amount.
- O. OBLIGOR** is the parent who makes a child support payment to the other parent. An “Obligor” is the same as a “Payor.”
- P. PARENT** as used in these Guidelines means any person with a legal obligation of support to a minor or adult child.
- Q. PAYOR** is the person who makes a child support payment to the other parent. A “Payor” is the same as an “Obligor.”
- R. PRIVATE EDUCATION EXPENSES (PEX)** is the cost to attend a private school. PEX includes tuition, books, and required school fees.⁵¹ PEX starts at Kindergarten and continues through graduation from high school. PEX does not include pre-Kindergarten educational expenses unless the pre-Kindergarten program is part of the normal acceptance pattern of the same school’s K-12 program. PEX includes academic summer school classes. PEX does not include non-academic or childcare programs.
- S. PRIMARY CHILD SUPPORT NEED** means the minimum amount of child support needed to provide for the children’s basic living needs in Hawai‘i (also called “Base Primary Support”) plus expenses for child care and health insurance. The Primary Child Support Need is reflected on Line 7 of the CSG WORKSHEET.
- T. RECIPIENT** is the person who receives a child support payment.
- U. STANDARD OF LIVING ADJUSTMENT (SOLA)** is the amount allocated for the child to share in the parents’ income above the parents’ basic needs so that the child can appropriately benefit from the parents’ higher standard of living. The SOLA amount is calculated on lines 8-12 of the CSG WORKSHEET.

¹ Hawai‘i Revised Statutes (“HRS”) §§571-52.5, 576D-7, 576E-15, 580-47(a); Rule 304, Hawai‘i Rules of Evidence. CSEA is not affiliated with the Court and uses an administrative process where CSEA and hearings officers of the OCSH issue decisions relating to child support. The Court, CSEA and OCSH have concurrent jurisdiction over matters concerning child support.

² HRS §577-7(a).

³ See HRS §§571-52.5, 576D, 576E, and 580-11.

⁴ In 2022, the Child Support Guidelines (“Guidelines”) will be reviewed to comply with the requirements of 45 Code of Federal Regulations (“CFR”) §§302.56(h)(1) – (h)(3) (2016). This includes using sampled case data to ensure that deviations from these Guidelines are limited and that the Guidelines amounts are appropriate. The review will also

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consider current economic data relevant to the cost of raising children. 45 CFR §302.56(h)(1); 45 CFR §302.56(h)(2).

⁵ See HRS §576D-7(c). The review of the 2014 Guidelines began in 2017 and concluded in 2020. The 2020 Guidelines will be effective in 2020 when they have been approved and adopted. The next review of the Guidelines will begin in 2022.

⁶ HRS §577-7(a). The original Hawai'i Child Support Guidelines provided for a SOLA adjustment to the guidelines calculation of 12% for a first child, 6% for a second child and 4% for a third and any subsequent children. The 1998 Child Support Guidelines Committee changed the SOLA adjustments to 10% for each for first, second, and third children with a 30% maximum SOLA. The committee did this in acknowledgment of the fact that there are many fixed expenses (rent, electricity, water, transportation) that later born children share at no additional expense to the family, and for simplicity's sake.

⁷ HRS §571-52.5; 45 CFR §302.56(g).

⁸ 45 CFR §302.56(g).

⁹ See *CSEA v. Doe*, 104 Hawai'i 449, 91 P.3d 1092 (App. 2004).

¹⁰ See *Matsunaga v. Matsunaga*, 99 Hawai'i 157, 53 P.3d 296 (App. 2002) (citing *Richardson v. Richardson*, 8 Haw.App. 446, 808 P.2d 1279 (1991)); *CSEA v. Doe*, 98 Hawai'i 58, 41 P.3d 720 (App. 2001) (citing *Nabarrete v. Nabarrete*, 86 Hawai'i 368, 949 P.2d 208 (App. 1997)).

¹¹ *CSEA v. Doe*, 98 Hawai'i 58, 41 P.3d 720 (App. 2001); *Matsunaga v. Matsunaga*, 99 Hawai'i 157, 53 P.3d 296 (App. 2002); *Wong v. Dey*, 126 Hawai'i 265, 269 P.3d 800 (App. 2012).

¹² See *Mark v. Mark*, 9 Haw.App. 184, 828 P.2d 1291 (1992); *Wong v. Dey*, 126 Hawai'i 265, 269 P.3d 800 (App. 2012).

¹³ *Ching v. Ching*, 7 Haw.App. 221, 751 P.2d 93 (1988); *Napoleon v. Napoleon*, 59 Haw. 619, 585 P.2d 1270 (1978).

¹⁴ *Mack v. Mack*, 7 Haw.App. 171, 749 P.2d 478 (1988).

¹⁵ See *Dring v. Dring*, 87 Haw. 369, 956 P.2d 1301 (App. 1998); *Tomas v. Tomas*, 7 Haw.App. 345, 764 P.2d 1250 (1988).

¹⁶ See *CSEA v. Mazzone*, 88 Hawai'i 456, 967 P.2d 653 (App. 1998).

¹⁷ HRS §580-47(a) and §584-15(e); *Jaylo v. Jaylo*, 125 Hawai'i 369, 262 P.3d 245 (2011).

¹⁸ HAR §5-31-3(b).

¹⁹ HRS §§580-47(a) and 584-15(e); *Jaylo v. Jaylo*, 125 Hawai'i 369, 262 P.3d 245 (2011).

²⁰ *Matsunaga v. Matsunaga*, 99 Hawai'i 157, 53 P.3d 296 (App. 2002); *Mack v. Mack*, 7 Haw.App. 171, 749 P.2d 478 (1988).

²¹ *Nabarrete v. Nabarrete*, 86 Hawai'i 368, 949 P.2d 208 (App. 1997).

²² HRS §571-52.5; *Matsunaga v. Matsunaga*, 99 Hawai'i 157, 53 P.3d 296 (App. 2002); *Mack v. Mack*, 7 Haw.App. 171, 749 P.2d 478 (1988).

²³ HRS §§580-47(a) and 584-15(e); *Jaylo v. Jaylo*, 125 Hawai'i 369, 262 P.3d 245 (2011).

²⁴ *CSEA v. Doe*, 92 Hawai'i 276, 990 P.2d 1158 (App. 1999); *Clark v. Clark*, 110 Hawai'i 459, 134 P.3d 625 (App. 2006).

²⁵ *CSEA v. Doe*, 92 Hawai'i 276, 990 P.2d 1158 (App. 1999).

²⁶ HRS §571-52.6.

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²⁷ If the individual has Qualified Business Income as defined under Internal Revenue Code Section 199A, such as Schedule C income or Schedule E income of any type (other than publicly traded partnership income), income should be estimated based on current year income and expenses and the tax liability should be calculated using the prior year tax forms.

²⁸ The Table of Incomes reduces gross income to net income by subtracting state and federal taxes for filing single claiming one exemption, Social Security (FICA) at 7.65% to the current Social Security tax old age limit of \$113,700 annually (\$9,475 per month), 1.45% Medicare tax on earned income above this level, and \$878 (after tax poverty level self-support). The self-employed individual pays a 15.3% Self-Employment Tax on net income from self-employment up to \$113,700 annually (\$9,475 per month) and 2.9% Self-Employment Tax on self-employment income above this limit. In addition, an individual with self-employment income and Self-Employment Tax deducts as an adjustment for Adjusted Gross Income one half of the Self-Employment Tax.

²⁹ *Doe v. CSEA*, 87 Hawai'i 178, 953 P.2d 209 (App. 1998).

³⁰ If the individual has Qualified Business Income as defined under Internal Revenue Code Section 199A, such as Schedule C income or Schedule E income of any type (other than publicly traded partnership income), income should be estimated based on current year income and expenses and the tax liability should be calculated using the prior year tax forms.

³¹ The Table of Incomes reduces gross income to net income by subtracting state and federal taxes for filing single claiming one exemption, Social Security (FICA) at 7.65% to the current Social Security tax old age limit of \$113,700 annually (\$9,475 per month), 1.45% Medicare tax on earned income above this level, and \$878 (after tax poverty level self-support). The self-employed individual pays a 15.3% Self-Employment Tax on net income from self-employment up to \$113,700 annually (\$9,475 per month) and 2.9% Self-Employment Tax on self-employment income above this limit. In addition, an individual with self-employment income and Self-Employment Tax deducts as an adjustment for Adjusted Gross Income one half of the Self-Employment Tax.

³² HRS §§576E-14(a) and (d).

³³ *Yasumura v. CSEA*, 108 Hawai'i 202, 118 P.3d 1145 (App. 2005).

³⁴ HRS §§576D-7(d), 576E-15, 580-47(c).

³⁵ HRS §§576D-7(e), 576E-14(d), 580-47(e).

³⁶ HRS §§576D-7(e), 576E-14(d), 580-47(e).

³⁷ HRS §§576D-7(e), 576E-14(d), 580-47(c) and (e); *Davis v. Davis*, 3 Haw. App. 501, 653 P.2d 1167 (1982).

³⁸ HRS §§576D-7(d).

³⁹ HRS §§576D-7(d) and 576E-14(c).

⁴⁰ Including but not limited to, HRS §§577-4, 577-7, 580-47, 584-3.5 and 584-15.

⁴¹ Compare with HRS §571-46.1.

⁴² Compare with HRS §571-46.1.

⁴³ Directly related reasonable expenses may include a reasonable amount for ordinary wear and tear of capital assets (calculated on a straight line basis over the useful life of the asset), but excluding principal payments on related debt (e.g., mortgage payments). However, if the resulting number is a loss, it may not be used to offset other gross income, unless allowed in the discretion of the Court or OCSH. See also *Doe v. CSEA*, 87 Hawai'i 178, 953 P.2d 209 (App. 1998).

⁴⁴ The Table of Incomes (Appendix B) automatically reduces gross income to net income by a formula described in footnote 27 above. Therefore, the resulting Net Monthly Income, if it includes income defined in this section f, may be lower than the reduced tax or tax exempt income actually received. For that reason, it may be appropriate to add the

V. TERMS AND DEFINITIONS

reduced tax or tax exempt income to Monthly Net Income on line 2 (instead of line 1) of the CSG WORKSHEET.

⁴⁵ For a controlling ownership interest, include the percentage ownership multiplied by the adjusted net income of the entity. Adjusted net income of the entity is all gross income minus ordinary, necessary and reasonable business/operating expenses, and may include a reasonable amount for ordinary wear and tear of capital assets (calculated on a straight line basis over the useful life of the asset) and minus one-half (½) of self-employment taxes (refer to tax returns). For less than a controlling interest, the calculation of gross income depends on the ability of the owner to access this income. For both controlling and minority interests, consideration should be given to averaging three (3) years of adjusted net income unless there is an unusual income or expense event in one (1) of the years or the company has been in existence for less than three (3) years. Unusual events are non-recurring income or expense items like a sale of a major asset or moving expenses.

⁴⁶ *Sussman v. Sussman*, 112 Hawai'i 437, 146 P.3d 597 (App. 2006).

⁴⁷ 45 CFR §302.56(c)(3).

⁴⁸ *Cleveland v. Cleveland*, 1 Haw.App. 187, 616 P.2d 1014 (1980).

⁴⁹ 45 CFR §302.56(c)(1)(iii).

⁵⁰ See §576D-7(a)(9).

⁵¹ *Mark v. Mark*, 9 Hawai'i 184, 195, 828 P.2d 1291, 1297 (App. 1992).

<p style="text-align: center;">_____ Plaintiff/Petitioner/Parent (A)</p> <p style="text-align: center;">vs.</p> <p style="text-align: center;">_____ Defendant/Respondent/Parent (B)</p>	<p>This worksheet, and any attachments, was prepared by:</p> <p>____ Atty for: ___ Plaintiff ___ Defendant</p> <p>Name: _____</p> <p>Address: _____</p> <p>City,St,Zip: _____</p> <p>Phone No: _____</p>
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PARENTS' INCOMES	Parent (A)	Parent (B)	TOTAL (C)
1. Monthly Gross Income from all sources	[]	[]	= []
2. Monthly Net Income (from Table of Incomes)	[]	[]	= []
3. Percentage of Total Net Income on Line 2 from each parent	[] %	[] %	Round to nearest %
	[Line 2(A) + 2(C)] x 100	[Line 2(B) + 2(C)] x 100	

CHILD SUPPORT NEED			TOTAL (C)
4. Base Primary Support: (\$415) x [] (# of children)			= []
5. Plus Monthly Child Care Expense (to allow custodial parent to work or attend voc. ed. or training)			+ []
6. Plus Monthly Health Insurance Expense (for the child(ren) and paid by parents). If no insurance, use State Cash Medical support amount (10% of Net Income on Line 2) [] []			+ []
7. PRIMARY CHILD SUPPORT NEED (add Lines 4, 5 & 6)			= []

STANDARD OF LIVING ADJUSTMENT	Parent (A)	Parent (B)	TOTAL (C)
8. Parent's SOLA income (from Table of Incomes)	[]	[]	= []
9. Less PRIMARY CHILD SUPPORT NEED (copy from Line 7)			- []
10. Parents' remaining SOLA income (Line 8(c) - Line 9; but if result is negative enter 0)			= []
11. SOLA Percentage (10% per child, up to 30% maximum)			x [] %
12. SOLA Amount (Line 10 x Line 11)			= []
13. CHILD SUPPORT CALCULATION (Line 7 + Line 12)			= []

CHILD SUPPORT OBLIGATIONS / CREDITS	Parent (A)	Parent (B)	70% of Net Income:
14. Total Support Obligation for each parent (Line 13 x % in Line 3)	[]	[]	Parent (A):
<i>Minimum: \$83 per child. Maximum: The Total Support Obligation for a parent should not exceed that parent's Net Income on Line 2, if the Net Income exceeds \$83 per child.</i>			Parent (B):
15. Credit for Child Care Expense (for parent who pays)	- []	- []	
16. Credit for Health Ins./Cash Medical amount (for parent who pays)	- []	- []	
17. REMAINING CHILD SUPPORT OBLIGATION AFTER CREDITS ...	= []	= []	Round to nearest dollar

SUMMARY OF CHILD SUPPORT PAYMENTS

___ Parent (A) ___ Parent (B) pays monthly child support of _____ to other parent, _____ per child per mo.

___ Parent (A) ___ Parent (B) pays health ins./cash medical. ___ Parent (A) ___ Parent (B) pays child care expense.

<p>___ EXTENSIVE TIME-SHARING WORKSHEET attached.</p> <p>___ EXCEPTIONAL CIRCUMSTANCES FORM attached.</p> <p>CERTIFICATION: I hereby declare, under penalty of perjury, that I have examined this worksheet, and any attached worksheets, and to the best of my knowledge and belief the information provided is true, correct and complete.</p> <p>_____ Parent (A) _____ Date _____</p> <p>_____ Parent (B) _____ Date _____</p>	<p><i>For Court Use Only</i></p>
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This form requires information from your completed CSGW, and you must mark it as an attachment at the bottom of the CSGW.

EQUAL TIME-SHARING CALCULATION

LINE		Parent (A)	Parent (B)	(C)
18	CSGW LINE 17 MONTHLY SUPPORT AMOUNT for each parent			
19	YEARLY SUPPORT OBLIGATION UNDER EQUAL TIME-SHARING [Line 18(A) x 6 months] and [Line 18(B) x 6 months]			
20	Difference between lines 19(A) and 19(B) [larger amount - lesser amount]			
21	EQUAL TIME-SHARING CHILD SUPPORT [Line 20(C) ÷ 12] Enter result in column for parent with larger support obligation on Lines 18 & 19.			<i>Round to nearest dollar.</i>

EXTENSIVE TIME-SHARING CALCULATION

IF BOTH PARENTS HAVE MORE THAN 143 OVERNIGHTS PER YEAR, COMPLETE LINES 22 - 29 BELOW.

		Parent (A)	Parent (B)	(C)
22	NUMBER OF OVERNIGHTS for <u>only</u> the parent with fewer overnights.			
23	CSGW LINE 17 SUPPORT AMOUNT for the parent with fewer overnights.			
24	EQUAL TIME-SHARING SUPPORT. Enter the amount from Line 21 above.			
25	DIFFERENCE BETWEEN REGULAR & EQUAL TIME-SHARING SUPPORT: If the child support obligations in Lines 23 and 24 are for the <u>same parent</u> , then subtract Line 24 from Line 23. [Line 23 - Line 24] If the child support obligations in Lines 23 and 24 are for <u>different parents</u> , then add Line 23 and Line 24. [Line 23 + Line 24]			
26	ADJUSTMENT RATE (for each night over 143 nights) [Line 25 ÷ 40]			
27	NUMBER OF OVERNIGHTS EXCEEDING 143 PER YEAR. [Line 22 - 143]			x
28	CREDIT FOR NIGHTS EXCEEDING REGULAR SUPPORT [Line 26 x Line 27]			=
29	EXTENSIVE TIME-SHARING CHILD SUPPORT for the parent with fewer overnights. [Line 23 - Line 28]			<i>Round to nearest dollar.</i>

SPLIT CUSTODY CALCULATION

	Number of children with Parent (A):	Number of children with Parent (B):	Parent (A)	Parent (B)	(C)
30	CSGW LINE 17 MONTHLY SUPPORT AMOUNT for each parent				
31	TOTAL NUMBER OF CHILDREN IN THIS CASE [from CSGW Line 4]				
32	EACH PARENT'S SUPPORT PER CHILD [Line 30 ÷ Line 31]				
33	NUMBER OF CHILDREN EACH PARENT IS OBLIGATED TO PAY SUPPORT FOR (the number of children with the other parent)				
34	SUPPORT OBLIGATION OF EACH PARENT [Line 32 x Line 33]				
35	REMAINING SUPPORT OBLIGATION AFTER OFFSET Subtract the smaller amount in Line 34 from the larger amount; enter the result in the column of the parent with the larger amount on Line 34.				<i>Round to nearest dollar.</i>

SUMMARY OF CHILD SUPPORT PAYMENTS

___ Parent (A) ___ Parent (B) pays monthly child support of _____ to the other parent, _____ per child per month.
 ___ Parent (A) ___ Parent (B) pays health insurance/cash medical. ___ Parent (A) ___ Parent (B) pays child care expense.

STATE OF HAWAII FAMILY COURT OF THE CIRCUIT	EXCEPTIONAL CIRCUMSTANCES FORM to be attached to CHILD SUPPORT GUIDELINES WORKSHEET (CSGW)	CASE NUMBER: FC- No.
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This form requires information from your completed CSGW, and you must mark it as an attachment at the bottom of the CSGW.

Payor Parent: _____ No. of children in this case: _____ CS amount from Line 14: _____

After considering the best interests of a child(ren), a deviation is requested because application of the Guidelines amount would be unjust or inappropriate for the following reasons:

EXCEPTION REQUESTED BECAUSE CALCULATED CHILD SUPPORT EXCEEDS 70% OF NET INCOME

Payor's total monthly child support obligation as calculated on Line 14 of the CSGW (_____) exceeds the minimum support amount of \$83 per child and is greater than 70% of Payor's net income from the Table of Incomes (_____).

I request a finding that an exceptional circumstance exists and that Payor's total monthly child support obligation on Line 14 of the CSGW be limited to either 70% of Payor's net income or \$83 per child, whichever is greater. Using the higher of the two numbers the total support for the ___ children in this case would be _____ per month. After deductions for monthly child care expenses listed on Line 15 (_____) and health insurance costs listed on Line 16 (_____), which are paid directly by Payor, the remaining child support obligation of Payor will be _____ per month

EXCEPTION REQUESTED BECAUSE PAYOR SUPPORTS **ADDITIONAL LEGAL CHILD(REN)**

A) Payor's total monthly child support obligation as calculated on Line 14 of the CSGW (_____), divided by the number of children to be supported on Line 4 of the CSGW (___), equals _____ per child.

Is this amount per child greater than \$83 per child (the minimum support amount)? Yes ___ No ___

B) Payor supports ___ additional legal child(ren). If all of Payor's Net Income on Line 2 of the CSGW (_____) is divided by the total number of children Payor is required to support (___), each child would receive _____.

Is this amount per child less than the amount per child calculated on line A) above? Yes ___ No ___

If the answers to both questions above is 'Yes,' you may request that the Court make the following finding:

Due to Payor's obligation to support (and Payor's actual support of) additional children, I request a finding that an exceptional circumstance exists and that the support per child in this case be limited to the greater of the amount per child shown in line B) above, _____, or the State minimum per child of \$83. Using the higher of the two numbers the total support for the ___ children in this case would be _____ per month.

After deductions for monthly child care expense listed on Line 15 (_____) and health insurance/cash medical cost listed on Line 16 (_____), which are paid directly by Payor, the remaining child support obligation of Payor will be _____ per month.

EXCEPTION REQUESTED DUE TO OTHER CIRCUMSTANCES

SUMMARY OF CHILD SUPPORT PAYMENTS (IF EXCEPTION IS GRANTED)

___ Parent (A) ___ Parent (B) pays monthly child support of _____ to other parent, _____ per child per mo.

___ Parent (A) ___ Parent (B) pays health insurance/cash medical. ___ Parent (A) ___ Parent (B) pays child care expense.

2020 CHILD SUPPORT GUIDELINES

TABLE OF INCOMES

GROSS INCOME		NET	SOLA	70% OF
FROM	TO	INCOME	INCOME	NET
\$0	\$750	\$0	\$0	\$0
\$751	\$800	\$0	\$0	\$0
\$801	\$850	\$0	\$0	\$0
\$851	\$900	\$0	\$0	\$0
\$901	\$950	\$0	\$0	\$0
\$951	\$1,000	\$0	\$0	\$0
\$1,001	\$1,050	\$0	\$0	\$0
\$1,051	\$1,100	\$0	\$0	\$0
\$1,101	\$1,150	\$0	\$0	\$0
\$1,151	\$1,200	\$0	\$0	\$0
\$1,201	\$1,250	\$24	\$38	\$17
\$1,251	\$1,300	\$61	\$88	\$43
\$1,301	\$1,350	\$98	\$138	\$68
\$1,351	\$1,400	\$134	\$188	\$94
\$1,401	\$1,450	\$171	\$238	\$120
\$1,451	\$1,500	\$208	\$288	\$145
\$1,501	\$1,550	\$245	\$338	\$171
\$1,551	\$1,600	\$281	\$388	\$197
\$1,601	\$1,650	\$318	\$438	\$223
\$1,651	\$1,700	\$355	\$488	\$248
\$1,701	\$1,750	\$391	\$538	\$274
\$1,751	\$1,800	\$428	\$588	\$300
\$1,801	\$1,850	\$465	\$638	\$325
\$1,851	\$1,900	\$501	\$688	\$351
\$1,901	\$1,950	\$538	\$738	\$376
\$1,951	\$2,000	\$574	\$788	\$402
\$2,001	\$2,050	\$611	\$838	\$428
\$2,051	\$2,100	\$647	\$888	\$453
\$2,101	\$2,150	\$684	\$938	\$478
\$2,151	\$2,200	\$720	\$988	\$504
\$2,201	\$2,250	\$756	\$1,038	\$529
\$2,251	\$2,300	\$793	\$1,088	\$555
\$2,301	\$2,350	\$829	\$1,138	\$580
\$2,351	\$2,400	\$865	\$1,188	\$606
\$2,401	\$2,450	\$902	\$1,238	\$631
\$2,451	\$2,500	\$938	\$1,288	\$657
\$2,501	\$2,550	\$975	\$1,338	\$682
\$2,551	\$2,600	\$1,011	\$1,388	\$708
\$2,601	\$2,650	\$1,047	\$1,438	\$733
\$2,651	\$2,700	\$1,084	\$1,488	\$759
\$2,701	\$2,750	\$1,120	\$1,538	\$784
\$2,751	\$2,800	\$1,156	\$1,588	\$809
\$2,801	\$2,850	\$1,193	\$1,638	\$835

APPENDIX B

\$2,851	\$2,900	\$1,229	\$1,688	\$860
\$2,901	\$2,950	\$1,266	\$1,738	\$886
\$2,951	\$3,000	\$1,302	\$1,788	\$911
\$3,001	\$3,050	\$1,338	\$1,838	\$937
\$3,051	\$3,100	\$1,374	\$1,888	\$962
\$3,101	\$3,150	\$1,411	\$1,938	\$988
\$3,151	\$3,200	\$1,447	\$1,988	\$1,013
\$3,201	\$3,250	\$1,483	\$2,038	\$1,038
\$3,251	\$3,300	\$1,517	\$2,088	\$1,062
\$3,301	\$3,350	\$1,548	\$2,138	\$1,084
\$3,351	\$3,400	\$1,579	\$2,188	\$1,105
\$3,401	\$3,450	\$1,610	\$2,238	\$1,127
\$3,451	\$3,500	\$1,642	\$2,288	\$1,149
\$3,501	\$3,550	\$1,673	\$2,338	\$1,171
\$3,551	\$3,600	\$1,704	\$2,388	\$1,193
\$3,601	\$3,650	\$1,735	\$2,438	\$1,215
\$3,651	\$3,700	\$1,767	\$2,488	\$1,237
\$3,701	\$3,750	\$1,798	\$2,538	\$1,258
\$3,751	\$3,800	\$1,829	\$2,588	\$1,280
\$3,801	\$3,850	\$1,860	\$2,638	\$1,302
\$3,851	\$3,900	\$1,891	\$2,688	\$1,324
\$3,901	\$3,950	\$1,923	\$2,738	\$1,346
\$3,951	\$4,000	\$1,954	\$2,788	\$1,368
\$4,001	\$4,050	\$1,985	\$2,838	\$1,390
\$4,051	\$4,100	\$2,016	\$2,888	\$1,411
\$4,101	\$4,150	\$2,047	\$2,938	\$1,433
\$4,151	\$4,200	\$2,078	\$2,988	\$1,455
\$4,201	\$4,250	\$2,109	\$3,038	\$1,477
\$4,251	\$4,300	\$2,140	\$3,088	\$1,498
\$4,301	\$4,350	\$2,171	\$3,138	\$1,520
\$4,351	\$4,400	\$2,203	\$3,188	\$1,542
\$4,401	\$4,450	\$2,234	\$3,238	\$1,563
\$4,451	\$4,500	\$2,265	\$3,288	\$1,585
\$4,501	\$4,550	\$2,296	\$3,338	\$1,607
\$4,551	\$4,600	\$2,327	\$3,388	\$1,629
\$4,601	\$4,650	\$2,358	\$3,438	\$1,650
\$4,651	\$4,700	\$2,389	\$3,488	\$1,672
\$4,701	\$4,750	\$2,420	\$3,538	\$1,694
\$4,751	\$4,800	\$2,451	\$3,588	\$1,716
\$4,801	\$4,850	\$2,482	\$3,638	\$1,737
\$4,851	\$4,900	\$2,513	\$3,688	\$1,759
\$4,901	\$4,950	\$2,544	\$3,738	\$1,781
\$4,951	\$5,000	\$2,575	\$3,788	\$1,803
\$5,001	\$5,050	\$2,606	\$3,838	\$1,824
\$5,051	\$5,100	\$2,637	\$3,888	\$1,846
\$5,101	\$5,150	\$2,668	\$3,938	\$1,868

\$5,151	\$5,200	\$2,699	\$3,988	\$1,890
\$5,201	\$5,250	\$2,730	\$4,038	\$1,911
\$5,251	\$5,300	\$2,761	\$4,088	\$1,933
\$5,301	\$5,350	\$2,792	\$4,138	\$1,955
\$5,351	\$5,400	\$2,824	\$4,188	\$1,976
\$5,401	\$5,450	\$2,855	\$4,238	\$1,998
\$5,451	\$5,500	\$2,886	\$4,288	\$2,020
\$5,501	\$5,550	\$2,917	\$4,338	\$2,042
\$5,551	\$5,600	\$2,948	\$4,388	\$2,063
\$5,601	\$5,650	\$2,979	\$4,438	\$2,085
\$5,651	\$5,700	\$3,010	\$4,488	\$2,107
\$5,701	\$5,750	\$3,041	\$4,538	\$2,129
\$5,751	\$5,800	\$3,072	\$4,588	\$2,150
\$5,801	\$5,850	\$3,103	\$4,638	\$2,172
\$5,851	\$5,900	\$3,134	\$4,688	\$2,194
\$5,901	\$5,950	\$3,165	\$4,738	\$2,216
\$5,951	\$6,000	\$3,196	\$4,788	\$2,237
\$6,001	\$6,050	\$3,227	\$4,838	\$2,259
\$6,051	\$6,100	\$3,258	\$4,888	\$2,281
\$6,101	\$6,150	\$3,289	\$4,938	\$2,302
\$6,151	\$6,200	\$3,320	\$4,988	\$2,324
\$6,201	\$6,250	\$3,351	\$5,038	\$2,346
\$6,251	\$6,300	\$3,382	\$5,088	\$2,368
\$6,301	\$6,350	\$3,413	\$5,138	\$2,389
\$6,351	\$6,400	\$3,445	\$5,188	\$2,411
\$6,401	\$6,450	\$3,476	\$5,238	\$2,433
\$6,451	\$6,500	\$3,507	\$5,288	\$2,455
\$6,501	\$6,550	\$3,538	\$5,338	\$2,476
\$6,551	\$6,600	\$3,569	\$5,388	\$2,498
\$6,601	\$6,650	\$3,600	\$5,438	\$2,520
\$6,651	\$6,700	\$3,631	\$5,488	\$2,542
\$6,701	\$6,750	\$3,662	\$5,538	\$2,563
\$6,751	\$6,800	\$3,693	\$5,588	\$2,585
\$6,801	\$6,850	\$3,724	\$5,638	\$2,607
\$6,851	\$6,900	\$3,755	\$5,688	\$2,629
\$6,901	\$6,950	\$3,786	\$5,738	\$2,650
\$6,951	\$7,000	\$3,816	\$5,788	\$2,671
\$7,001	\$7,050	\$3,846	\$5,838	\$2,692
\$7,051	\$7,100	\$3,876	\$5,888	\$2,713
\$7,101	\$7,150	\$3,906	\$5,938	\$2,734
\$7,151	\$7,200	\$3,936	\$5,988	\$2,755
\$7,201	\$7,250	\$3,966	\$6,038	\$2,776
\$7,251	\$7,300	\$3,996	\$6,088	\$2,797
\$7,301	\$7,350	\$4,026	\$6,138	\$2,818
\$7,351	\$7,400	\$4,056	\$6,188	\$2,839
\$7,401	\$7,450	\$4,086	\$6,238	\$2,860

\$7,451	\$7,500	\$4,116	\$6,288	\$2,881
\$7,501	\$7,550	\$4,146	\$6,338	\$2,902
\$7,551	\$7,600	\$4,176	\$6,388	\$2,923
\$7,601	\$7,650	\$4,206	\$6,438	\$2,944
\$7,651	\$7,700	\$4,236	\$6,488	\$2,965
\$7,701	\$7,750	\$4,266	\$6,538	\$2,986
\$7,751	\$7,800	\$4,296	\$6,588	\$3,007
\$7,801	\$7,850	\$4,326	\$6,638	\$3,029
\$7,851	\$7,900	\$4,356	\$6,688	\$3,050
\$7,901	\$7,950	\$4,387	\$6,738	\$3,071
\$7,951	\$8,000	\$4,417	\$6,788	\$3,092
\$8,001	\$8,050	\$4,447	\$6,838	\$3,113
\$8,051	\$8,100	\$4,477	\$6,888	\$3,134
\$8,101	\$8,150	\$4,507	\$6,938	\$3,155
\$8,151	\$8,200	\$4,537	\$6,988	\$3,176
\$8,201	\$8,250	\$4,567	\$7,038	\$3,197
\$8,251	\$8,300	\$4,597	\$7,088	\$3,218
\$8,301	\$8,350	\$4,627	\$7,138	\$3,239
\$8,351	\$8,400	\$4,657	\$7,188	\$3,260
\$8,401	\$8,450	\$4,687	\$7,238	\$3,281
\$8,451	\$8,500	\$4,717	\$7,288	\$3,302
\$8,501	\$8,550	\$4,747	\$7,338	\$3,323
\$8,551	\$8,600	\$4,777	\$7,388	\$3,344
\$8,601	\$8,650	\$4,807	\$7,438	\$3,365
\$8,651	\$8,700	\$4,837	\$7,488	\$3,386
\$8,701	\$8,750	\$4,867	\$7,538	\$3,407
\$8,751	\$8,800	\$4,897	\$7,588	\$3,428
\$8,801	\$8,850	\$4,927	\$7,638	\$3,449
\$8,851	\$8,900	\$4,957	\$7,688	\$3,470
\$8,901	\$8,950	\$4,988	\$7,738	\$3,491
\$8,951	\$9,000	\$5,018	\$7,788	\$3,512
\$9,001	\$9,050	\$5,048	\$7,838	\$3,533
\$9,051	\$9,100	\$5,078	\$7,888	\$3,554
\$9,101	\$9,150	\$5,108	\$7,938	\$3,575
\$9,151	\$9,200	\$5,138	\$7,988	\$3,596
\$9,201	\$9,250	\$5,168	\$8,038	\$3,617
\$9,251	\$9,300	\$5,198	\$8,088	\$3,639
\$9,301	\$9,350	\$5,228	\$8,138	\$3,660
\$9,351	\$9,400	\$5,258	\$8,188	\$3,681
\$9,401	\$9,450	\$5,288	\$8,238	\$3,702
\$9,451	\$9,500	\$5,318	\$8,288	\$3,723
\$9,501	\$9,550	\$5,348	\$8,338	\$3,744
\$9,551	\$9,600	\$5,378	\$8,388	\$3,765
\$9,601	\$9,650	\$5,408	\$8,438	\$3,786
\$9,651	\$9,700	\$5,438	\$8,488	\$3,807
\$9,701	\$9,750	\$5,468	\$8,538	\$3,828

\$9,751	\$9,800	\$5,498	\$8,588	\$3,849
\$9,801	\$9,850	\$5,528	\$8,638	\$3,870
\$9,851	\$9,900	\$5,558	\$8,688	\$3,891
\$9,901	\$9,950	\$5,589	\$8,738	\$3,912
\$9,951	\$10,000	\$5,619	\$8,788	\$3,933
\$10,001	\$10,050	\$5,649	\$8,838	\$3,954
\$10,051	\$10,100	\$5,679	\$8,888	\$3,975
\$10,101	\$10,150	\$5,709	\$8,938	\$3,996
\$10,151	\$10,200	\$5,739	\$8,988	\$4,017
\$10,201	\$10,250	\$5,769	\$9,038	\$4,038
\$10,251	\$10,300	\$5,799	\$9,088	\$4,059
\$10,301	\$10,350	\$5,829	\$9,138	\$4,080
\$10,351	\$10,400	\$5,859	\$9,188	\$4,101
\$10,401	\$10,450	\$5,889	\$9,238	\$4,122
\$10,451	\$10,500	\$5,919	\$9,288	\$4,143
\$10,501	\$10,550	\$5,949	\$9,338	\$4,164
\$10,551	\$10,600	\$5,979	\$9,388	\$4,185
\$10,601	\$10,650	\$6,009	\$9,438	\$4,207
\$10,651	\$10,700	\$6,042	\$9,488	\$4,230
\$10,701	\$10,750	\$6,076	\$9,538	\$4,253
\$10,751	\$10,800	\$6,109	\$9,588	\$4,276
\$10,801	\$10,850	\$6,142	\$9,638	\$4,299
\$10,851	\$10,900	\$6,175	\$9,688	\$4,323
\$10,901	\$10,950	\$6,208	\$9,738	\$4,346
\$10,951	\$11,000	\$6,241	\$9,788	\$4,369
\$11,001	\$11,050	\$6,275	\$9,838	\$4,392
\$11,051	\$11,100	\$6,308	\$9,888	\$4,415
\$11,101	\$11,150	\$6,341	\$9,938	\$4,439
\$11,151	\$11,200	\$6,374	\$9,988	\$4,462
\$11,201	\$11,250	\$6,407	\$10,038	\$4,485
\$11,251	\$11,300	\$6,440	\$10,088	\$4,508
\$11,301	\$11,350	\$6,473	\$10,138	\$4,531
\$11,351	\$11,400	\$6,507	\$10,188	\$4,555
\$11,401	\$11,450	\$6,540	\$10,238	\$4,578
\$11,451	\$11,500	\$6,573	\$10,288	\$4,601
\$11,501	\$11,550	\$6,606	\$10,338	\$4,624
\$11,551	\$11,600	\$6,639	\$10,388	\$4,647
\$11,601	\$11,650	\$6,672	\$10,438	\$4,671
\$11,651	\$11,700	\$6,705	\$10,488	\$4,694
\$11,701	\$11,750	\$6,739	\$10,538	\$4,717
\$11,751	\$11,800	\$6,772	\$10,588	\$4,740
\$11,801	\$11,850	\$6,805	\$10,638	\$4,763
\$11,851	\$11,900	\$6,838	\$10,688	\$4,787
\$11,901	\$11,950	\$6,871	\$10,738	\$4,810
\$11,951	\$12,000	\$6,904	\$10,788	\$4,833
\$12,001	\$12,050	\$6,938	\$10,838	\$4,856

\$12,051	\$12,100	\$6,971	\$10,888	\$4,879
\$12,101	\$12,150	\$7,004	\$10,938	\$4,903
\$12,151	\$12,200	\$7,037	\$10,988	\$4,926
\$12,201	\$12,250	\$7,070	\$11,038	\$4,949
\$12,251	\$12,300	\$7,103	\$11,088	\$4,972
\$12,301	\$12,350	\$7,136	\$11,138	\$4,995
\$12,351	\$12,400	\$7,170	\$11,188	\$5,019
\$12,401	\$12,450	\$7,203	\$11,238	\$5,042
\$12,451	\$12,500	\$7,236	\$11,288	\$5,065
\$12,501	\$12,550	\$7,269	\$11,338	\$5,088
\$12,551	\$12,600	\$7,302	\$11,388	\$5,112
\$12,601	\$12,650	\$7,335	\$11,438	\$5,135
\$12,651	\$12,700	\$7,368	\$11,488	\$5,158
\$12,701	\$12,750	\$7,402	\$11,538	\$5,181
\$12,751	\$12,800	\$7,435	\$11,588	\$5,204
\$12,801	\$12,850	\$7,468	\$11,638	\$5,228
\$12,851	\$12,900	\$7,501	\$11,688	\$5,251
\$12,901	\$12,950	\$7,534	\$11,738	\$5,274
\$12,951	\$13,000	\$7,567	\$11,788	\$5,297

CHECKLIST OF ESSENTIAL INFORMATION
 (See the Child Support Guidelines for Explanations and Definitions)

INCOME:		
What is Parent (A)'s gross monthly income from all sources?	\$ _____	
What is Parent (B)'s gross monthly income from all sources?	\$ _____	
How many children are covered by this child support calculation?	# _____	
CHILD CARE EXPENSE:		
How much is the monthly child care expense?	\$ _____	
How much of this is paid by Parent (A)?	\$ _____	
How much of this is paid by Parent (B)?	\$ _____	
HEALTH INSURANCE:		
Who pays the monthly health insurance premium? (Circle one)	Parent (A)	Parent (B)
How much is the monthly premium for the plan that includes the children?	\$ _____	
How much would the monthly premium be for that parent alone?	\$ _____	
If NO Health Insurance:		
Who was ordered to pay "cash medical"? (Circle one)	Parent (A)	Parent (B)
How much was ordered for "cash medical"?	\$ _____	
Who ordered the payment for "cash medical"? (Circle one)	Court/Judge	CSEA/OCSH/ child support agency
OVERNIGHTS WITH THE CHILDREN: (if both parents have more than 143 overnights):		
How many overnights per year does Parent (A) have?	# _____	
How many overnights per year does Parent (B) have?	# _____	