Name, Address \& Phone Number
(If Attorney filing, type Name, Address \& Phone Number)
$\qquad$
$\qquad$
[ ] Plaintiff, Pro Se [ ] Attorney for Plaintiff

# IN THE FAMILY COURT OF THE SECOND CIRCUIT STATE OF HAWAI'l 

VS.
Plaintiff,
endant,

FC-D No. $\qquad$
POSITION STATEMENT OF PLAINTIFF
[ ] PROPOSED ASSET \& DEBT DIVISION CHART

## POSITION STATEMENT OF PLAINTIFF

Plaintiff through his attorney submits his position statement herein:

## CIRCUMSTANCES OF THE PARTIES

The parties were married $\qquad$ in $\qquad$ . The date of final separation is $\qquad$ . This is the $\qquad$ marriage for both parties.

The parties have $\qquad$ children whose initials(s) and year of birth(s) are:

Child(ren) Initials
$\qquad$
$\qquad$
$\qquad$
$\qquad$
Year of Birth(s)
$\qquad$
$\qquad$
$\qquad$
$\qquad$

Husband completed $\qquad$ years of education, has a $\qquad$ degree. Husband is employed as $\qquad$ . Wife completed years of education, has a $\qquad$ degree. Wife is employed as
$\qquad$ . $\qquad$ has the
following special needs (e.g. health problems, rehabilitation plan):
$\qquad$
$\qquad$
$\qquad$

## PROCEDURAL HISTORY

Discovery is substantially complete. A custody study was completed. Real properties have been appraised with values shown below. The following is still necessary:

## ISSUES

The issues in this case should be resolved as follows:

1. Custody and Visitation: $\qquad$
$\qquad$
$\qquad$
$\qquad$
2. Division of Assets and Debts - see attached Proposed Asset and Debt Division Chart
3. Attorney's Fees: $\qquad$
4. Child Support: $\qquad$ Support ${ }^{1}$ : $\qquad$
Health: $\qquad$
Life Insurance: $\qquad$

[^0]5. Alimony:
6. Taxes: $\qquad$

DATED: $\qquad$ , Maui, Hawaii, $\qquad$ -.
(city)
(date)

## Plaintiff

Defendant

Americans with Disabilities Act Notice
If you need an accommodation for a disability when participating in a court program, service, or activity, please contact the ADA Coordinator as soon as possible to allow the court time to provide an accommodation:

Call (808) 244-2855 FAX (808) 244-2932 OR Send an e-mail to: adarequest@courts.hawaii.gov. The court will try to provide, but cannot guarantee, your requested auxiliary aid, service or accommodation.


[^0]:    ${ }^{1}$ Child Support Guidelines amount and exceptional circumstances, if any.

