| STATE OF HAWAIT CIRCUIT CHILD SUPPORT GUIDELINES WORKSHEET This worksheet, and any attachments, was prepared by: Any for: Plaintiff/Petitioner/Parent (A) Ys. Plaintiff/Petitioner/Parent (B) Plaintiff/Petitioner/Parent (B) Parent (A) Ys. Defendant/Respondent/Parent (B) Parent (A) Parent (B) Parent (B) Parent (A) Parent (B) Parent (C) | | 1 | | 1 | | |
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| PASHILY COURT OF THE CIRCUIT GUIDELINES WORKSHEET F.C. No. | FAMILY COURT OF THE CHIDELINES W | | LD SUPPORT | CASE NUMBER: FC No. | | |
| Plaintiff/Petitioner/Parent (A) YS. Plaintiff/Petitioner/Parent (A) YS. Defendant/Respondent/Parent (B) PARENTS' INCOMES PARENTS' INCOMES Parent (A) Parent (B) Parent (A) Parent (B) Property (B) Parent (A) Parent (B) Parent (B) Parent (A) Parent (B) Parent (A) Parent (B) Parent (A) Parent (B) Parent (B) Parent (A) Parent (B) Parent (B) Parent (A) Parent (B) Parent (B) Parent (B) Parent (A) Parent (B) Parent (| | | NES WORKSHEET | | | |
| Plaintiff/Petitioner/Parent (A) vs. Defendant/Respondent/Parent (B) PARENTS INCOMES I. Monthly Gross Income from all sources 2. Monthly Rel Income (from Table of Incomes) 3. Percentage of Total Net Income Capense (for the children) 4. Base Primary Support: (\$415) x | CIRCUII | <u> </u> | This wordshoot and any official man | | | |
| Plaintiff/Petitioner/Parent (A) vs. Address: City/St.Zip: Phone No: PARENTS INCOMES Defendant/Respondent/Parent (B) PARENTS INCOMES 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 4. Base Primary Support 4. Base Primary Support 5. Plus Monthly Child Care Expense (to allow custodial parent to work or attend voc. ed. or training) 4. Parent (B) | | | | | Defendent | |
| PARENTS' INCOMES 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 4. Base Primary Support 5. Plus Monthly Child Care Expense (to fallow custodial parent towork or attend voc. ed. or training) 6. Plus Monthly Heil Income on Line 2 from each parent 7. PRIMARY CHILD SUPPORT NEED 8. Parent's SOLA income (from Table of Incomes) 9. Less PRIMARY CHILD SUPPORT NEED (copy from Line 7) 10. Parent's remaining SOLA income (from Table of Incomes) 9. Less PRIMARY CHILD SUPPORT NEED (copy from Line 7) 11. SOLA Percentage (10% per child, up to 30% maximum) 12. SOLA Amount (Line 10 x Line 11) 13. CHILD SUPPORT OBLIGATIONS / CREDITS 14. Total Support Obligation for each parent (Line 13 x % in Line 3) 14. Total Support Obligation for each parent (Line 13 x % in Line 3) 15. Credit for Child Care Expense (for parent who pays) 16. Credit for Heilds Ins./Cash Medical amount (for parent who pays) 17. REMAINING CHILD SUPPORT PAYMENTS 18. Parent (A) 19. Parent (B) pays monthly child support of parent (A) 19. Parent (B) pays 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. 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 18. Parent (A) 19. Parent (B) pays child support of parent (A) 19. Parent (B) pays child care expense. EXCEPTIONAL CIRCUMSTANCES FORM attached. EXCEPTIONAL CIRCUMSTANCES FORM attached. CERTIFICATION: I hereby declare, under penalty of perjury, that I have examined this worksheet, and on the best of my knowledge and belief the information provided is true, correct and complete. | Plaintiff/Po | etitioner/Parent (A) | | | — Defendant | |
| Defendant/Respondent/Parent (B) PARENTS' INCOMES 1. Monthly Gross Income from all sources. 2. Monthly Gross Income (from Table of Incomes). 3. Percentage of Total Net Income on Line 2 from each parent. (# 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(fren) 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). 8. Parent's SOLA income (from Table of Incomes). 9. Less PRIMARY CHILD SUPPORT NEED (copy from Line 7) 10. Parent's 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) 12. SOLA Amount (Line 10 x Line 11) 13. CHILD SUPPORT OALGULATION (Line 7 + Line 12). 14. Total Support Obligation for each parent (Line 13 x % in Line 3). 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. 18. Credit for Child Care Expense (for parent who pays). 19. Parent (A) Parent (B) Parent (B) Parent (B) Parent (A) Parent (B) Parent (B) Parent (A) Parent (B) Parent (B) Parent (A) Parent (B) Pays monthly child support of Parent (A) Parent (B) Parent (B) Parent (B) Parent (B) Pays build care expense. 19. Parent (B) Pays build usuport of Parent (B) Pays build care expense. 10. Parent (B) Pays monthly child support of Parent (B) Pays build care expense. 10. Parent (B) Pays health ins. Cash medical. 10. Parent (B) Pays build support of Parent (B) Pays build care expense. | | | | | | |
| PARENTS INCOMES 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. 4. Base Primary Support: (\$415) x 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 7. PRIMARY CHILD SUPPORT NEED 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). 12. SOLIA Amount (Line 10 x Line 11). 13. CHILD SUPPORT OBLIGATIONS / CREDITS 14. Total Support Obligation for each parent (Line 13 x % in Line 3). 15. Credit for Child Care Expense (for parent who pays). 16. Credit for Child Care Expense (for parent who pays). 17. REMAINING CHILD SUPPORT PAYMENTS 18. Parent (A) Parent (B) pays health ins./cash medical. 19. Parent (A) Parent (B) pays health ins./cash medical. 10. Parents' reparent (A) Parent (B) pays health ins./cash medical. 10. Parents' reparent (A) Parent (B) pays health ins./cash medical. 19. Parent (A) Parent (B) pays health ins./cash medical. 10. Parent (A) Parent (B) pays health ins./cash medical. 10. Parent (A) Parent (B) pays health ins./cash medical. 11. EXTENSIVE TIME-SHARING WORKSHEET attached. 12. EXTENSIVE TIME-SHARING WORKSHEET attached. 13. CHILD SUPPORT OBLIGATION or the parent or other parent. 14. Parent (A) Parent (B) pays health ins./cash medical. 15. Credit for Child Care Expense (for parent who pays) . 16. Credit for Child Care Expense (for parent who pays) . 17. REMAINING CHILD SUPPORT PAYMENTS 18. Parent (A) Parent (B) pays health ins./cash medical. 19. Parent (A) Parent (B) pays health ins./cash medical. 20. Parent (B) pays child are expense. | 13. | | City St Zin: | | | |
| 1. Monthly Ket Income (from Table of Incomes) 2. Monthly Net Income (from Table of Incomes) 3. Percentage of Total Net Income on Line 2 from each parent 4. Base Primary Support: (\$415) x 5. Plus Monthly Child Care Expense (to allow custodial parent to work or attend voc. ed. or training) 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 7. PRIMARY CHILD SUPPORT NEED (add Lines 4, 5 & 6) 8. Parent's SOLA income (from Table of Incomes) 9. Less PRIMARY CHILD SUPPORT NEED (copy from Line 7) 10. Parent's Parent (A) 11. SOLA Percentage (10% per child, up to 30% maximum) 12. SOLA Amount (Line 10 x Line 11) 13. CHILD SUPPORT OBLIGATIONS / CREDITS 14. Total Support Obligation for each parent (Line 13 x % in Line 3) 15. Credit for Child Care Expense (for parent who pays) 16. Credit for Child Care Expense (for parent who pays) 17. REMAINING CHILD SUPPORT PAYMENTS Parent (A) Parent (B) Parent (B) Parent (A) Parent (B) Parent (B) Parent (A) Parent (B) Parent (B) Parent (B) Parent (A) Parent (B) | | | | | | |
| 2. Monthly Net Income (from Table of Incomes) | PARENTS' INCOMES | | Parent (A) | Parent (B) | TOTAL (C) | |
| 3. Percentage of Total Net Income on Line 2 from each parent | Monthly Gross Income from all sources | | | | | |
| CHILD SUPPORT NEED 4. Base Primary Support: (\$415) x | 2. Monthly Net Income (from Table of Incomes) | | | | | |
| CHILD SUPPORT NEED 4. Base Primary Support: (\$415) x | • | | | | | |
| 4. Base Primary Support: (\$415) x | | | [Line $2(A) \div 2(C)$] x 100 | [Line $2(B) \div 2(C)$] x 100 | | |
| 5. Plus Monthly Child Care Expense (to allow custodial parent to work or attend voc. ed. or training). | | (# 6.131) | | | | |
| 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). | | | | | | |
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| 7. PRIMARY CHILD SUPPORT NEED (add Lines 4, 5 & 6). STANDARD OF LIVING ADJUSTMENT 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). 12. SOLA Amount (Line 10 x Line 11). 13. CHILD SUPPORT CALCULATION (Line 7 + Line 12). CHILD SUPPORT OBLIGATIONS/ CREDITS 14. Total Support Obligation for each parent (Line 13 x % in Line 3). 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. 15. Credit for Child Care Expense (for parent who pays). 17. REMAINING CHILD SUPPORT OBLIGATION AFTER CREDITS. Parent (A) Parent (B) Pa | | | I | - | + <u>L</u> | |
| STANDARD OF LIVING ADJUSTMENT Parent (A) Parent (B) TOTAL (C) 8. Parent's SOLA income (from Table of Incomes). | ** | | \$ | | | |
| 8. Parent's SOLA income (from Table of Incomes) | | Lines 4, 5 & 6) | | | = | |
| 9. Less PRIMARY CHILD SUPPORT NEED (copy from Line 7) | | | | TOTAL (C) | | |
| 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 x % 12. SOLA Amount (Line 10 x Line 11) | | | _ | | | |
| 12. SOLA Amount (Line 10 x Line 11) | | | | | | |
| 13. CHILD SUPPORT CALCULATION (Line 7 + Line 12) | | | | | | |
| CHILD SUPPORT OBLIGATIONS / CREDITS 14. Total Support Obligation for each parent (Line 13 x % in Line 3) | | | | | | |
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| 15. Credit for Child Care Expense (for parent who pays) | | | | | | |
| 16. Credit for Health Ins./Cash Medical amount (for parent who pays) | • | - | | | Parent (B): | |
| 17. REMAINING CHILD SUPPORT OBLIGATION AFTER CREDITS | | * * | | | - 3.5 5.55 (=). | |
| SUMMARY OF CHILD SUPPORT PAYMENTS Parent (A) Parent (B) pays monthly child support of Parent (A) Parent (B) pays health ins./cash medical. Parent (A) Parent (B) pays child care expense. EXTENSIVE TIME-SHARING WORKSHEET attached. EXCEPTIONAL CIRCUMSTANCES FORM attached. 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. Parent (A) Date | | | | Row | nd to nearest dollar | |
| 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. EXTENSIVE TIME-SHARING WORKSHEET attached. EXCEPTIONAL CIRCUMSTANCES FORM attached. 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. Parent (A) Date | | | | Row | a to nearest dottal | |
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| EXTENSIVE TIME-SHARING WORKSHEET attached. EXCEPTIONAL CIRCUMSTANCES FORM attached. 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. Parent (A) Date | | | | | | |
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| worksheet, and any attached worksheets, and to the best of my knowledge and belief the information provided is true, correct and complete. Parent (A) Date | EXCEPTIONAL CIRCUMSTANCES FO | JRM attached. | | | | |
| Parent (A) Date | * | | | | | |
| Parent (A) Date | · · · · · · · · · · · · · · · · · · · | • | edge and belief the | | | |
| | information provided is true, correct and comple | ic. | | | | |
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| Parent (B) Date | Parent (A) | | Date | | | |
| | Parent (B) | | Date | | | |

Rev. 09/25/2020