

STATE OF HAWAII FAMILY COURT OF THE CIRCUIT	CASE NUMBER:
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CHILD SUPPORT GUIDELINES WORKSHEET

Plaintiff/Petitioner/Parent (A)
vs.
Defendant/Respondent/Parent (B)

This worksheet, and any attachments, was prepared by:
Name (Bar#):
Address:
Phone/Fax:
Email:

PARENTS' INCOMES	Parent (A)	Parent (B)	TOTAL (C)
1. Monthly Gross Income from all sources			
2. Monthly Net Income	\$0	\$0	\$0
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: (\$455) x <input style="width: 30px;" type="text"/> (# 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)	\$0	\$0	\$0
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	Parent (A)	Parent (B)	70% of Net Income:
14. Total Support Obligation for each parent (Line 13 x % in Line 3)			Parent (A): \$0
<i>Minimum: \$91 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 \$91 per child.</i>			Parent (B): \$0
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.

ATTACHMENTS

EXTENSIVE TIME-SHARING WORKSHEET attached. SELF-EMPLOYED CALCULATION 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) Signature	Date	Parent (B) Signature	Date
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