

STATE OF HAWAII FAMILY COURT OF THE CIRCUIT	EXTENSIVE TIME-SHARING WORKSHEET to be attached to CHILD SUPPORT GUIDELINES WORKSHEET (CSGW)	CASE NUMBER:						
<i>This form requires information from your completed CSGW, and you must mark it as an attachment at the bottom of the CSGW.</i>								
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.			Round to nearest dollar.				
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]	Round to nearest dollar.		=				
29	EXTENSIVE TIME-SHARING CHILD SUPPORT for the parent with fewer overnights. [Line 23 - Line 28]							
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.							Round to nearest dollar.
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.								