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| 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. |
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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> |

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| 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. |