
Name (and Attorney No. if applicable)

Address

City, State, Zip Code

Telephone Number

E-Mail Address

- Petitioner, Self-Represented Litigant
- Respondent, Self-Represented Litigant
- Attorney for Petitioner Respondent

IN THE FAMILY COURT OF THE THIRD CIRCUIT

STATE OF HAWAI'I

Child Support Enforcement Agency,) FC-PA No. _____
State of Hawai'i, and)
)
) PATERNITY FINANCIAL
_____) INFORMATION SHEET
 Mother Father Caretaker)
Petitioner(s))
v.)
)
)
_____)
 Mother Father Caretaker)
)
)
_____)
 Mother Father Caretaker)
)
)
 and Child Support Enforcement Agency,)
State of Hawai'i,)
Respondent(s).)

Paternity Financial Information Sheet

**1. INCOME: YOU MUST LIST ALL INCOME AMOUNTS AND SOURCES
(Note: The Court may require you to file more detailed information.)**

		Gross Monthly Income
a.	NAME OF PRIMARY EMPLOYER: _____ _____ Paid <input type="checkbox"/> monthly <input type="checkbox"/> 2 times per month <input type="checkbox"/> every 2 weeks <input type="checkbox"/> weekly <input type="checkbox"/> other: _____	\$ _____ \$ _____
b.	OTHER INCOME: Name of Second Employer: _____ Interest Income: (name of financial institution(s)): _____ _____ _____ Net Rental Income: (location) _____ _____ Other: (i.e., Social Security, workers' compensation, etc.) _____ _____	\$ _____ \$ _____ \$ _____ \$ _____
c.	MONEY RECEIVED FROM WELFARE BENEFITS.....	\$ _____
2.	EXPENSES	
a.	Child care expenses paid by you, on behalf of the child(ren) involved in this case.....	\$ _____
b.	Medical and Dental Insurance paid for yourself \$ _____	\$ _____
c.	Medical and Dental Insurance paid by you for your child(ren) involved in this case.....	\$ _____
	TOTAL	\$ _____
3.	ASSETS List the total amounts of the following:	
a.	Credit Union/Bank Saving Accounts Balances.....	\$ _____
b.	Securities values, Stocks, Bonds, etc.....	\$ _____
c.	Real Property Values.....	\$ _____
d.	Personal Property (car, jewelry, etc.).....	\$ _____
e.	_____	\$ _____
f.	_____	\$ _____

CERTIFICATION

I declare under penalty of law that the foregoing is true and correct.

DATED: _____, _____, _____
 City State (Date)

Signature of [] Petitioner/Movant
 [] Respondent/Movant



If you need an accommodation for a disability when participating in a court program, service, or activity, please contact the ADA Coordinator as far in advance as possible to allow time to provide an accommodation at (808) 961-7629, fax (808) 961-7577, or send an e-mail to adarequest@courts.hawaii.gov.

Please call the Family Court if you have any questions about the forms or procedures: Hilo (808) 961-7500, Kona (808) 443-2112.