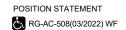
Full Name	
Mailing Address	
City, State, Zip Code	
Telephone Number	
[] Attorney for [] Plaintiff [] Defendant	
	RT OF THE THIRD CIRCUIT OF HAWAI`I
	Case No
Plaintiff, vs.	[] Plaintiff's [] Defendant's Position Statement
Defendant,	
[]PLAINTIFF'S []DEFEN	IDANT'S POSITION STATEMENT
[] Plaintiff[] Defendant,[] by ar this Position Statement in accordance with l	nd through counsel undersigned, hereby submits Rule 94 of the Hawaii Family Court Rules.
PART I. CIRCUMSTA	ANCES OF THE PARTIES
Date of this marriage:	_
Place of this marriage (County/State):	
Date of physical separation:	
Place of physical separation (County/State)	:



In accordance with the Americans with Disabilities Act and other applicable state and federal laws, if you require a reasonable accommodation for a disability, please contact the ADA Coordinator at the Family Court Administration Office at PHONE NO. (808) 961-7629, FAX (808) 961-7577, or email adarequest@courts.hawaii.gov at least ten (10) working days prior to your hearing or appointment date.



Plaintiff's Information:				
Prior Marriages:				
Current Age:	Current Age:			
Educational Background	d:			
Employer:				
Annual Income:				
Residence:				
Currently Pregnant:				
Defendant's Information:				
Prior Marriages:	Prior Marriages:			
Current Age:				
Educational Background:				
Employer:				
Annual Income:				
Residence:				
Currently Pregnant:				
Children of this Marriage:				
Child(ren)'s Initials	Year of Birth	School	Grade	
		· · · · · · · · · · · · · · · · · · ·	_	
				

PART II: PROCEDURAL HISTORY

Date Complaint for	Divorce was filed:
Date Complaint for	Divorce was served:
Interim Orders:	
Pending Motions:	
Discovery Status:	
	PART III: POSITION ON ISSUES
1. Jurisdiction.	[] Jurisdiction is not an issue in my case.
	[] Jurisdiction is an issue in my case. My position is as follows for the following reason(s):
2. <u>Divorce.</u>	[] This divorce should be granted.
<u></u>	[] This divorce should not be granted because:

3.	3. <u>Spousal Support.</u> [] Neither party is making a claim for spousal su	port.
	[] Spousal support is an issue in my case. My p	osition is
	as follows for the following reasons:	
4	4. Property Division: Assets, Debts, Equalization.	
••	The following assets should be divided as stated below for the stated	reason(s).
	a. Credit union accounts, bank accounts, and cash.	Cason(3).
	a. Credit dillott accounts, bank accounts, and cash.	
	h. O a sociiti a a	
	b. Securities.	
	c. Vehicles.	
	d. Real property.	
	e. Life insurance.	

t.	Retirement.
g.	Trust property.
h.	Personal effects.
i.	Household effects.
j.	Business assets.
k.	Investment assets.
l.	Other property.

The following debts should be divided as stated below for the stated reason(s):			
m. Tax matters.			
n. Credit cards.			
o. Vehicle loans.			
p. Mortgage loans.			
q. Liability on prior joint returns.			
q. Liability of prior joint returns.			
r. Other loans.			
s. Other.			

m	arita	al separate property should be considered:
	t.	Capital contributions.
	u.	Inheritances.
	٧.	Gifts.
	W.	Other.
D.	2000	I on the forgoing division of assets and debts, an equalization payment
L	_	not necessary or has been waived by agreement of the parties.
[] sh	ould be made as follows:

In addition to the forgoing assets and debts, the following pre-marital and

5.	Children.	[] There are no common children to this marriage.
		[] The children of this marriage are adults and not entitled to
		support.
		[] There are children of this marriage and my positions and
		reasons for the following issues are stated below:
	a. Lega	I custody.
	b. Phys	ical custody.
	\ r \ r \ r \	
	c. Visita	ation.
	d. Child	l support.
	e. Medi	cal insurance.

f.	Medical expenses.
g.	Additional expenses.
h.	Education expenses.
i.	Tax exemption claims.
j.	Other.

6.	Name Change.	 [] I am not requesting a name change. [] I request that my name be changed to my [] birth name [] former married name of	
7.	Other Issues:		
	Dated:		
		Signature:	
		Printed Name:	
		[] Attorney for [] Plaintiff [] Defen	