

STATE OF HAWAII  
FAMILY COURT OF THE  
CIRCUIT

CASE NUMBER:

**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:

*This form should be used if a parent has (a) income not subject to tax (e.g., non-taxable alimony/spousal support, VA disability compensation, disability insurance payments, military benefits, etc.) and/or (b) net self-employment income as calculated in the Child Support Guidelines that should not be further taxed by using Line 1 (or Line 1.a. herein) of the Child Support Guidelines Worksheet.*

**PARENTS' INCOMES**

	Parent (A)	Parent (B)	TOTAL (C)
1a. Monthly Taxable Income from all sources			
1b. Monthly Non-Taxable Income (see paragraph II.B.3.a. in Guidelines)			
1c. Monthly Net Self-Employment Income (see paragraph II.B.3.b. in Guidelines)			
2. Monthly Net Income	\$0	\$0	\$0
3. Percentage of Total Net Income on Line 2 from each parent	%	%	Round to nearest %

**CHILD SUPPORT NEED**

	TOTAL (C)
4. Base Primary Support: (\$455) x (# 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
15. Credit for Child Care Expense (for parent who pays)			Parent (B): \$0
16. Credit for Health Ins./Cash Medical amount (for parent who pays)			
17. REMAINING CHILD SUPPORT OBLIGATION AFTER CREDITS			

**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