

SUPREME COURT CLERK'S OFFICE 417 SOUTH KING STREET HONOLULU, HAWAI'I 96813-2912

FINANCIAL DISCLOSURE STATEMENT

THIS SPACE FOR OFFICE USE ONLY

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Before completing this form please read the instructions for Financial Disclosure Statement, including the text of Supreme Court Rule 15. REMINDER: For all items requiring a monetary amount, the following financial range codes SHOULD be used.

- A Less than \$1,000
- B At least \$1,000 but less than \$10,000
- C At least \$10,000 but less than \$25,000
- D At least \$25,000 but less than \$50,000
- E At least \$50,000 but less than \$100,000
- F At least \$100,000 but less than \$150,000

H - At least \$250,000 but less than \$500,000

G - At least \$150,000 but less than \$250,000 I - At least \$500,000 but less than \$750,000

J - At least \$750,000 but less than \$1,000,000

K -\$1,000,000 or more

TO BE FILED BY ALL FULL TIME AND PER DIEM JUDGES.

(Type only)							
You	ng	Dean	K	NAME OF SPO	DUSE OR DOMESTIC PARTNER:		
NAME:	(LAST)	(FIRST)	(MIDDLE)	Terilyn Yo	ung		
OFFICE ADDRE	91-240 Kalaeloa Blv			No. of Depende			
	NU	IMBER, STREET		(Do not include	names)		
CITY OR TOWN:	Kapolei ————————————————————————————————————	ZIP COD	96707 E:	2			
JUDICIAL POSIT	ION HELD	DATE OF APPOINTMENT	0	FFICE PHONE			
Per Diem Di	strict Court Judge	July 19	, 2021	80837	8083752495		
CALENDAR YEA	R COVERED BY THIS DISCLOSURE	20 <u>23</u>					
ITEM 1 RSCH 15(d)(1)	JUDICIAL COMPENSATION				ANNUAL INCOME		
K3CH 13(u)(1)					E		
ITEM 2 RSCH 15(d)(1)							
	EMPLOYER/LAW FIRM		BUSINESS ADDI	RESS	ANNUAL INCOME		
Direct Support Resources			91-240 Kalaeloa Blvd., Kapolei, HI 96707		F		
Iolani Schoo	I		563 Kamoku Street, Honolulu, HI 96826		В		
ITEM 3 RSCH 15(d)(1)	INCOME OF SPOUSE OR DOMESTIC PARTNER AND DEPENDENT CHILDREN (if income for services rendered exceeds \$1,000)						
		EMPLOYER			ANNUAL INCOME		
HMSA					F		

ITEM 4 RSCH 15(d)(1)	ANY OTHER INCOME, FOR SERVICES RENDERED, IN EXCESS OF \$1,000 - INCOME DISCLOSED IN ITEMS 1 - 3 NEED NOT BE REPEATED HERE					
	SOURCE		NATURE OF SERVICES RI	ENDERED	AMOUNT	
	Check here if entry is None	Check here if you have attached additional sheets				
ITEM 5 RSCH 15(d)(2)	EACH OWNERSHIP OR BENEFICIAL VALUE OF \$5,000 OR MORE OR EQU	INTEREST, HELD IN AN IAL TO 10% OF THE OV	IY BUSINESS CARRYING WNERSHIP OF THE BUSIN	ON BUSINESS IN THE STA IESS.	TE, HAVING A	
	NAME OF BUSINESS	NATU	JRE OF BUSINESS	NATURE OF INTERE	ENTER AMOUNT OR NO. OF SHARES	
✓ Check here if entry is None Check here if you have attached additional sheets						
ITEM 6 RSCH 15(d)(2)						
	NAME OF BUSINESS	DAT	E OF TRANSFER	VALUE	OF TRANSFER	
✓ Check here if entry is None						
ITEM 7 RSCH 15(d)(3) LIST EACH OFFICERSHIP, DIRECTORSHIP, TRUSTEESHIP OR OTHER FIDUCIARY RELATIONSHIP HELD IN ANY BUSINESS.						
	NAME OF BUSINESS			ERM OF OFFICE	COMPENSATION (enter amount or NONE)	
Check here if entry is None Check here if you have attached additional sheets						

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ITEM 8 RSCH 15(d)(4)	LIST CREDITORS, OTHER THAN CREDIT CARD ACCOUNTS, TO WHOM MORE THAN \$3,000 WAS OWED DURING THE DISCLOSURE PERIOD. LIST CREDIT CARD DEBT THAT EXCEEDED \$10,000 FOR SIX MONTHS OR MORE.						
	NAME AND ADDRES	SS OF CREDITOR		ORIGINAL AMOUNT OV	VED AM	OUNT OWED AT END OF YEAR	
	Check here if entry is N	one Che	ck here if you h	ave attached additional sheets			
ITEM 9 RSCH 15(d)(5)	REAL PROPERTY IN	N THE STATE IN WHICH IS F	IELD AN INTE	REST WITH A FAIR MARKET VA	LUE OF \$10,000 C	R MORE.	
	POSTAL ZIP CODE OF LOCATION					VALUE	
96818						Н	
	Check here if entry is No	one Che	ck here if you h	ave attached additional sheets			
ITEM 10			-	EEDS \$10,000. ACQUIRED DUI	RING THE DISCLO	SURE PERIOD.	
RSCH 15(d)(5)		T					
POSTAL ZIP CODE OF LOCATION		NATURE OF INTEREST		E AND ADDRESS OF PERSON SIDERATION	RECEIVING	CONSIDERATION GIVEN	
Check here if entry is None Check here if you have attached additional sheets							
ITEM 11 REAL PROPERTY, THE FAIR MARKET VALUE OF WHICH EXCEEDS \$10,000, TRANSFERRED DURING THE DISCLOSURE PERIOD.							
POSTAL ZIP CODE OF LOCATION NAME AND ADDRESS OF PERSON FURNISHING CONSIDERATION				CONSIDERATION RECEIVED			
	Check here if entry is N	one Che	ck here if you h	ave attached additional sheets			

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ITEM 12 RSCH 15(d)(6)	CREDITOR INTEREST IN INSOLVENT BUSINESS HAVING A VALUE OF \$5,000 OR MORE.						
NAME OF BUSINESS		NATURE OF BUSINESS NATURE OF INTEREST		VALUE			
	Check here if entry is None	Check here if you have attached addit	tional sheets				
ITEM 13 RSCH 15(d)(7); Rule 3. 13 Revised Code of Judicial Conduct	GIFT(S) THAT MUST BE REPORTED UNDER RULE 3. 13(c) OF THE HAWAI'I REVISED CODE OF JUDICIAL CONDUCT.						
	SOURCE	DESCRIPTION	N OF GIFT	ESTIMATED VALUE			
		_					
	Check here if entry is None	Check here if you have attached addit	tional sheets				
ITEM 14 RSCH 15(d)(8) & 22(h)	FULL-TIME JUDGES' APPROVED JUDICIAL EDUCATION						
I attendedhours of Approved Judicial Education during the reporting period.							
REMARKS:							
See attached sheets.							
CERTIFICATION: I hereby certify that the above is a true, correct, and complete statement.							
SIGNATURE: /s	s/ Dean K. Young		DATE:	4/23/2024			
NOTE: This filling is not valid without a signature.							

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