

\_\_\_\_\_  
Name

\_\_\_\_\_  
Law Firm (if applicable)

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Telephone and Fax Number (if any)

\_\_\_\_\_  
Email Address

Self-Represented Party Birth Parent

Attorney for Birth Parent

Attorney # \_\_\_\_\_

STATE OF HAWAI'I, FAMILY COURT FIFTH CIRCUIT	
Petitioner(s), vs,  <input type="checkbox"/> and CHILD SUPPORT ENFORCEMENT AGENCY, STATE OF HAWAI'I,  Respondent(s).	CASE NO.: _____  PARENTAGE FINANCIAL INFORMATION
PARENTAGE FINANCIAL INFORMATION	

**1. INCOME: 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 GOVERNMENTAL ASSISTANCE	\$ _____
<b>2.</b>	<b>EXPENSES</b>	
a.	Child care expenses paid by you for 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.....	\$ _____
	<b>TOTAL</b>	\$ _____
<b>3.</b>	<b>ASSETS List the net value of all assets:</b>	
a.	Cash.....	\$ _____
b.	Credit Union/Bank Accounts.....	\$ _____
c.	Securities, Stocks, Bonds, etc.....	\$ _____
d.	Real Property.....	\$ _____
e.	Personal Property (business, car, jewelry, etc.).....	\$ _____
f.	Other.....	\$ _____

