
Name

Law Firm (if applicable)

Mailing Address

City, State, Zip Code

Telephone and Fax Number (if any)

Email Address

Self-Represented Party

Attorney for
Attorney # _____

STATE OF HAWAI'I, FAMILY COURT

CASE NO.: _____

PARENTAGE FINANCIAL
INFORMATION

Petitioner(s),
vs,

and CHILD SUPPORT ENFORCEMENT
AGENCY, STATE OF HAWAI'I,

Respondent(s).

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	\$ _____
2.	EXPENSES	
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.....	\$ _____
	TOTAL	\$ _____
3.	ASSETS List the net value of all assets:	
a.	Cash.....	\$ _____
b.	Credit Union/Bank Accounts.....	\$ _____
c.	Securities, Stocks, Bonds, etc.....	\$ _____
d.	Real Property.....	\$ _____
e.	Personal Property (business, car, jewelry, etc.).....	\$ _____
f.	Other.....	\$ _____

