

<p><b>STATE OF HAWAI'I</b>  <b>FAMILY COURT OF THE</b>  <b>FIRST CIRCUIT</b></p>		
<p>This document is prepared by  <input type="checkbox"/> Self-Represented <input type="checkbox"/> Petitioner/Plaintiff <input type="checkbox"/> Respondent/Defendant  <input type="checkbox"/> Attorney for <input type="checkbox"/> Petitioner/Plaintiff <input type="checkbox"/> Respondent/Defendant</p> <p>_____</p> <p>Name (and if applicable, Attorney No.)</p> <p>_____</p> <p>Address</p> <p>_____</p> <p>City, State, Zip Code</p> <p>_____</p> <p>Telephone Number</p> <p>_____</p> <p>E-Mail Address</p>		
<p>CASE NAME</p>	<p>CASE ID/NUMBER</p>	
<p>TITLE OF DOCUMENT</p>		

STATE OF HAWAI'I FAMILY COURT FIRST CIRCUIT	<b>ASSET AND DEBT STATEMENT</b>	CASE NUMBER
	<input type="checkbox"/> <b>Plaintiff</b> <input type="checkbox"/> <b>Defendant</b> <input type="checkbox"/> <b>Both Parties</b>	FC-CU No.

<hr/> <p style="text-align: center;">(Full Name)                      PLAINTIFF</p> <p style="text-align: center;">v.</p> <p style="text-align: center;">(Full Name)                      DEFENDANT</p>	This document is prepared by: <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> Atty for Plaintiff <input type="checkbox"/> Atty for Defendant
	<hr/> Name
	<hr/> Address
	<hr/> City, State, Zip Code
	<hr/> Telephone Number

1. **CASH** (on hand or held by others for me):     None     \$ \_\_\_\_\_.

2. **CREDIT UNION ACCOUNTS:**                       None

<u>Name</u>	<u>Title (Plaintiff, Defendant, Joint, Other)</u>	<u>Credit Balance</u>	<u>Debt Balance</u>

3. **BANK AND SAVINGS ACCOUNTS:**     None (Include Trustee Accounts)

<u>Company &amp; Branch</u>	<u>Type of Account</u>	<u>Title (Plaintiff, Defendant, Joint, Other)</u>	<u>Current Balance</u>



In accordance with the Americans with Disabilities Act, as amended, and other applicable state and federal laws, if you require accommodation for a disability, please contact the ADA Coordinator at the First Circuit Family Court office by telephone at 954-8200, fax 954-8308, or via email at adarequest@courts.hawaii.gov at least ten (10) working days prior to your hearing or appointment date.

***Please call the Family Court Service Center at 954-8290 if you have any questions about forms or procedures.***

COURT USE ONLY

STATE OF HAWAII FAMILY COURT FIRST CIRCUIT	<b>ASSET AND DEBT STATEMENT</b>	CASE NUMBER
	<input type="checkbox"/> <b>Plaintiff</b> <input type="checkbox"/> <b>Defendant</b> <input type="checkbox"/> <b>Both Parties</b>	FC-CU No.

**4. SECURITIES:**       None (Stocks, Bonds, Mutual Funds, Certificates of Deposit, etc.)

<u>Company</u>	<u>Title (Pltf, Dft, Jt, Other)</u>	<u>Date of Acquisition</u>	<u>Cost</u>	<u>Market Value</u>	<u>Debt Owed</u>
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**5. VEHICLES:**       None (Autos, Trucks, Motorcycles, Trailers, Campers, Boats, etc.)

<u>Year</u>	<u>Make</u>	<u>Title (Pltf, Dft, Jt, Other)</u>	<u>Current Market Value</u>	<u>Debt Owed Against</u>
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**6. REAL PROPERTY:**  None

<u>Address</u>	<u>Title</u>	<u>Fee or Lease</u>	<u>Date of Acquisition</u>	<u>Cost</u>	<u>Current Gross Value</u>	<u>Total Debt Owed</u>
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**7. LIFE INSURANCE:**  None

<u>Company</u>	<u>Person Insured</u>	<u>Face Amount</u>	<u>Beneficiary</u>	<u>Title (Pltf, Dft, Jt, Other.)</u>	<u>Cash Value</u>	<u>Debt Owed Against</u>
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