

CHILD SUPPORT ENFORCEMENT AGENCY,
 STATE OF HAWAI'I,

MOTHER FATHER

PETITIONER(S),

v.

MOTHER FATHER CARETAKER

MOTHER FATHER CARETAKER

and CHILD SUPPORT ENFORCEMENT
 STATE OF HAWAI'I,

DEFENDANT(S).

This document was prepared by:

Petitioner
 Defendant, _____
 Attorney for Petitioner Defendant

Name _____

Address _____

City, State, Zip Code _____

Telephone No. _____

INCOME: YOU MUST LIST ALL INCOME AMOUNTS AND SOURCES
 (Note: The Court may require you to file more detailed financial information.)

	Gross Monthly Income
1. 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: _____	\$ _____
2. OTHER INCOME: NAME OF SECOND EMPLOYER: _____	\$ _____
INTEREST INCOME: name of financial institution(s): _____	\$ _____
NET RENTAL INCOME: location: _____	\$ _____
OTHER (i.e., social security, workers' comp, etc.): _____	\$ _____
TOTAL...	\$ _____
3. MONEY RECEIVED FROM WELFARE BENEFITS.....	\$ _____

EXPENSES

1. Child care expenses paid by you, on behalf of child(ren) involved in this case.....	\$ _____
2. Medical and Dental Insurance paid for yourself \$ _____	\$ _____
3. Medical and Dental Insurance paid by you for your child(ren) involved in this case.....	\$ _____
TOTAL...	\$ _____

ASSETS List the total amounts of the following:

1. Credit Union/Bank/Savings Account Balances..... \$ _____

2. Securities Values, Stocks, Bonds, etc..... \$ _____

3. Real Property Values..... \$ _____

4. Personal Property (car, jewelery, etc.)..... \$ _____

CERTIFICATION: I declare under penalty of law that the foregoing is true and correct.

DATE	SIGNATURE OF <input type="checkbox"/> Petitioner/Movant <input type="checkbox"/> Defendant/Movant
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