STATE OF HAWAI'I	PATERNITY FINANCIAL CASE N		CASE NUMBER	
FAMILY COURT FIRST CIRCUIT	<b>INFORMATION SHEET</b> FC-P No		FC-P No.	
[ ] CHILD SUPPORT ENFORCEMENT AGENCY, STATE OF HAWAI'I,  [ ] Petitioner [ ] Defendant,   Attorney for Petitioner Defendence   Def			ndant	
[ ] MOTHER [ ] FATHER  v. PETITIONER(S),  Name				
[ ] MOTHER [ ] FATHER [ ] CARETAKER Address				
[ ] MOTHER [ ] FATHER [ ] CARETAKER City, State, Zip Code				
and CHILD SUPPORT ENFORCEMENT STATE OF HAWAI'I, DEFENDANT(S). Telephone No.				
INCOME: YOU MUST LIST ALL INCOME AMOUNTS AND SOURCES (Note: The Court may require you to file more detailed financial information.)				
1. NAME OF PRIMARY EMPLOYER:				Gross Monthly Income
Paid: ☐monthly ☐2 times per month ☐every 2 weeks ☐weekly ☐other:				\$
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				\$
<ul><li>2. Medical and Dental Insurance paid for yourself \$</li><li>3. Medical and Dental Insurance paid by you for your child(ren) involved in this case</li></ul>				
3. Medical and Dental Insurance paid	d by you for your chi	ild(ren) involved in the		
ASSETS List the total amounts of the	ne following:		TOTAL	\$
1. Credit Union/Bank/Savings Acco	unt 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 $\square$ P	Petitioner/Movant Def	fendant/Movant		

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) days prior to your hearing or appointment date.

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