

<input type="checkbox"/> CHILD SUPPORT ENFORCEMENT AGENCY, STATE OF HAWAII  <hr/> <input checked="" type="checkbox"/> MOTHER <input type="checkbox"/> FATHER  <p style="text-align: center;">PETITIONER,</p> <p style="text-align: center;">vs.</p> <hr/> <input type="checkbox"/> MOTHER <input checked="" type="checkbox"/> FATHER <input type="checkbox"/> CARETAKER  <hr/> <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> CARETAKER  <input type="checkbox"/> and CHILD SUPPORT ENFORCEMENT AGENCY, STATE OF HAWAII,  <p style="text-align: center;">DEFENDANT(S).</p>	This document was prepared by:
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**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: _____ 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"/> or other _____	GROSS MONTHLY INCOME \$ _____
2. <u>OTHER INCOME:</u> NAME OF SECOND EMPLOYER _____ INTEREST INCOME, name of financial institution(s) _____  NET RENTAL INCOME, location _____ OTHER (i.e. social security, workers comp, etc.) _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____
<b>TOTAL.....</b>	\$ _____
3. <u>MONEY RECEIVED FROM WELFARE BENEFITS:</u> _____	\$ _____

**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 .....	\$ _____
<b>TOTAL</b>	\$ _____

**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, jewelry, etc.) .....	\$ _____	

**CERTIFICATION:** I declare under the 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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