

STATE OF HAWAII FAMILY COURT OF THE _____ CIRCUIT	CHILD SUPPORT GUIDELINES WORKSHEET	CASE NUMBER: FC-__ No.
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<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="text-align: right; margin-right: 50px;">Plaintiff</div> <div style="text-align: center; margin: 10px 0;">vs.</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="text-align: right; margin-right: 50px;">Defendant</div>	This worksheet, and any attachments, was prepared by: _____ Att'y for: _____ Plaintiff _____ Defendant Name: _____ Address: _____ City, St, Zip: _____ Phone No: _____
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PARENTS' INCOMES			FATHER (A)	MOTHER (B)	TOTAL (C)
1. Monthly Gross Income from all sources					
2. Monthly Net Income (from Table of Incomes)				+	
3. Percentage of Total Net Income on Line 2 from each parent			%	%	Round to nearest %
			[Line 2(A) ÷ 2(C)] x 100	[Line 2(B) ÷ 2(C)] x 100	

CHILD SUPPORT NEED			TOTAL (C)
4. Base Primary Support: (\$360) x (# of children)			
5. Plus Monthly Child Care Expense (to allow custodial parent to work or attend voc. ed. or training)			+
6. Plus Monthly Health Insurance Expense (for the child(ren) and paid by parents). If no insurance, use State Cash Medical support amount (10% of Net Income on Line 2) 			+
7. PRIMARY CHILD SUPPORT NEED (add Lines 4, 5 & 6)			

STANDARD OF LIVING ADJUSTMENT			FATHER (A)	MOTHER (B)	TOTAL (C)
8. Parent's SOLA income (from Table of Incomes)				+	
9. Less PRIMARY CHILD SUPPORT NEED (copy from Line 7)				-	
10. Parents' Remaining SOLA income (Line 8(c) - Line 9; but if result is negative enter 0)					
11. SOLA Percentage (10% per child, up to 30% maximum)				x	%
12. SOLA Amount (Line 10 x Line 11)					
13. CHILD SUPPORT CALCULATION (Line 7 + Line 12)					

CHILD SUPPORT OBLIGATIONS / CREDITS			FATHER (A)	MOTHER (B)	70% of Net Income:
14. Total Support Obligation for each parent (Line 13 x % in Line 3)					Father:
<i>Minimum: \$70 per child. Maximum: The Total Support Obligation for a parent should not exceed that parent's Net Income on Line 2, if the Net Income exceeds \$70 per child.</i>					
15. Credit for Child Care Expense (for parent who pays)	-			-	
16. Credit for Health Ins./Cash Medical amount (for parent who pays)	-			-	
17. REMAINING CHILD SUPPORT OBLIGATION AFTER CREDITS ...	=			=	
					Round to nearest dollar

SUMMARY OF CHILD SUPPORT PAYMENTS	
<div style="display: flex; justify-content: space-between;"> Mother Father pays monthly child support of _____ to other parent, _____ per child per mo. </div> <div style="display: flex; justify-content: space-between;"> Mother Father pays health ins./cash medical. Mother Father </div> <div style="display: flex; justify-content: space-between;"> pays child care expense. </div>	<div style="border-bottom: 1px dotted black; margin-bottom: 5px;"> Extensive Time-sharing Worksheet attached. </div> <div> Exceptional Circumstances Form attached. </div>

CERTIFICATION: I hereby declare, under penalty of perjury, that I have examined this worksheet, and any attached worksheets, and to the best of my knowledge and belief the information provided is true, correct and complete.	For Court Use Only
<div style="display: flex; justify-content: space-between; margin-bottom: 10px;"> <div style="border-bottom: 1px solid black; width: 40%;"></div> <div style="border-bottom: 1px solid black; width: 40%;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">Father</div> <div style="width: 40%;">Date</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="border-bottom: 1px solid black; width: 40%;"></div> <div style="border-bottom: 1px solid black; width: 40%;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">Mother</div> <div style="width: 40%;">Date</div> </div>	