INSTRUCTIONS RE: DIVORCE FORMS (Without Children) <u>HILO DIVISION</u>

1) The filing fee is \$215.00 payable at the time of filing.

NOTE: Should you qualify for legal services, you may contact the following agencies for waiver of filing fee and assistance in completing the forms:

Legal Aid Intake Phone No. (808) 961-2851

Volunteer Legal Services Hawai'i Phone No. (808) 528-7046

Should you decide to file your own, you may research the Divorce Manual and the Uncontested Divorce Information and Sample Forms Folder in the Law Library at Hale Kaulike (Hilo Judiciary Complex), 777 Kilauea Avenue, Second Floor. Employees are not allowed to give out Legal Advice.

- 2) Forms should be completed in black ink or typewritten.
- 3) To initiate your case, complete the Complaint and Summons (stapled as one document) and the Matrimonial Action Information Sheet (complete both sides of the form, if any unknown information, indicate "unknown").
- 4) The parties names as they appear on the Complaint should be the same throughout the whole case unless ordered by the Court to be changed.
- 5) When you are ready to file your case, make at least 3 copies of the Complaint, Summons; and at lease 2 of the Matrimonial Action Information Sheet. Plus original on top with copies to follow each document.

NOTE: You have just initiated your Divorce case. It is your own responsibility as the filing party to proceed and complete your case on your own. Refer to the Proof of Uncontested Divorce Through Affidavit Memo (FCJM External Memo 4A) enclosed in your packet. You will not necessarily use all of the forms.



In accordance with the Americans with Disabilities Act, as amended and other applicable state and federal laws, if you require a reasonable accommodation for a disability when working with a court program, service or activity, please contact the ADA Coordinator at PHONE NO. 961-7424, Fax (808) 961-7411, or email adarequest@courts.hawaii.gov at least ten (10) working days before your hearing or appointment date.

• • • •	ATE OF I	HAWAIʻI	DECLARATIO	N IN SUPPORT	CASE NUMBER
	AMILY C HIRD CI			T TO PROCEED	FC-D NO.
			•		•
			PLAINTIFF,		
		VS.			
			DEFENDANT,		
				JPPORT OF REQUEST	
			TO PROCEED IN	FORMA PAUPERIS	
	I,				, am the
Plair	, <u> </u>	e above-entitle	d case. In support of my	motion to proceed with	but being required to prepay
				y that this does not cover	• • • • • •
		<i>c</i> .			
trans	scripts, se	rvice fees, etc.). I state that because of	-	-
	-), I state that because of therefor; that I believe	my poverty, I am unable	-
	-			my poverty, I am unable	-
	eedings of	or give security		my poverty, I am unable am entitled to redress.	-
proc	eedings o I decla	or give security are that the resp	therefor; that I believe ponses which I have made	my poverty, I am unable am entitled to redress.	-
	eedings o I decla Are yo	or give security are that the resp ou presently en	therefor; that I believe ponses which I have may nployed?	my poverty, I am unable am entitled to redress.	-
proc	eedings o I decla Are yo	or give security are that the resp	therefor; that I believe ponses which I have may nployed?	my poverty, I am unable am entitled to redress.	-
proc	eedings o I decla Are yo	or give security are that the resp ou presently en) No (therefor; that I believe ponses which I have mad nployed?	my poverty, I am unable am entitled to redress.	to pay the costs of said
proc	eedings o I decla Are yo Yes (or give security are that the resp ou presently en) No (therefor; that I believe ponses which I have man ployed?) is yes, state the amount	my poverty, I am unable I am entitled to redress. de below are true.	to pay the costs of said
proc	eedings o I decla Are yo Yes (or give security are that the resp ou presently en) No (If the answer	therefor; that I believe ponses which I have man ployed?) is yes, state the amount	my poverty, I am unable I am entitled to redress. de below are true.	to pay the costs of said
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proc	eedings o I decla Are yo Yes (or give security are that the resp ou presently en) No (If the answer	therefor; that I believe ponses which I have man ployed?) is yes, state the amount	my poverty, I am unable I am entitled to redress. de below are true.	to pay the costs of said
proc	eedings o I decla Are yo Yes (or give security are that the resp ou presently en) No (If the answer address of yo	y therefor; that I believe ponses which I have made ponses which I have	my poverty, I am unable I am entitled to redress. de below are true.	and give the name
proc	eedings o I decla Are yo Yes (a.	or give security are that the resp ou presently en) No (If the answer address of yo If the answer	y therefor; that I believe ponses which I have made ponses which I have	my poverty, I am unable I am entitled to redress. de below are true.	and give the name
proc	eedings o I decla Are yo Yes (a.	or give security are that the resp ou presently en) No (If the answer address of yo If the answer	therefor; that I believe ponses which I have made ponses which I have made ployed?) is yes, state the amount ur employer.	my poverty, I am unable I am entitled to redress. de below are true.	and give the name
proc	eedings o I decla Are yo Yes (a.	or give security are that the resp ou presently en) No (If the answer address of yo If the answer	therefor; that I believe ponses which I have made ponses which I have made ployed?) is yes, state the amount ur employer.	my poverty, I am unable I am entitled to redress. de below are true.	and give the name

STATE OF HAWAI'I FAMILY COURT THIRD CIRCUIT

DECLARATION IN SUPPORT OF REQUEST TO PROCEED IN FORMA PAUPERIS

CASE NUMBER

FC-D NO.

- 2. Have you received within the past twelve months any money from any of the following sources:
 - a. Business, profession or form of self-employment?
 - Yes () No ()
 - b. Rent payments, interest or dividends?

Yes () No ()

c. Pensions, annuities or life insurance payments?

Yes () No ()

- d. Gifts or inheritances?
 - Yes () No ()
- e. Any other sources?
 - Yes () No ()

In the answer to any of the above is yes, describe each source of money and state the amount received from each during the past twelve months.

- Do you have any cash or do you have money in a checking or savings account?
 Yes () No () (Including any funds in prison accounts.)
 If the answer is yes, state the total value owned:
- 4. Do you own any real estate, stocks, bonds, notes, automobiles or other valuable property (excluding ordinary household furnishing and clothing)?

Yes () No () If the answer is yes, describe the property and state its approximate value.

DECLARATION IN SUPPORT OF REQUEST TO PROCEED IN FORMA PAUPERIS

CASE NUMBER

FC-D NO.

5. List the persons who are dependent upon you for support; state your relationship to those persons; and indicate how much you contribute toward their support.

I UNDERSTAND THAT A FALSE STATEMENT OR ANSWER TO ANY QUESTIONS IN THIS DECLARATION WILL SUBJECT ME TO PENALTIES FOR PERJURY.

Plaintiff's Signature

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Signed this ______, 20 _____,

Plaintiff's Signature

APPROVED AND SO ORDERED:

Judge of the above-entitled Court

STATE OF HAWAI'I		FOR DIVORCE	CASE NUMBER
FAMILY COURT OF THE THIRD CIRCUIT	COMPLAINT	FUR DIVUNCE	FC-D NO.
		This document is prepared b	
		Plaintiff Attorney for	
	PLAINTIFF,	Name	
VS.	(Your Full Name)		
		Address	
		Address	
	DEFENDANT.	City, State, Zip	
(Y	our Spouse's Full Name)	Phone	
I, the Plaintiff, in support of this	Complaint for Divorce	allege.	
I. Jurisdiction:		unege.	
I and/or my spouse, the Defendation	nt. have lived or have bee	en physically present in the S	State of Hawai'i for a continuous
period of at least six (6) months a	nd I have lived and/or bee	en physically present on the I	sland of Hawai'i for a continuous
period of at least three (3) month 2.Marriage:	s immediately preceding	this application.	
The parties (plaintiff and spouse)	are lawfully married to e	each other.	
3.Children:	-		
a. D The parties have no child b. D The parties have (en		nder 18 together	
c. C The parties have (ent	<i>er number)</i> child(ren) 18 (or older together, who are der	pendent on them for support.
d. 🗋 The parties have (ent	<i>er number)</i> child(ren) 18 c	or older together, who are <u>not</u>	dependent on them for support.
e. U Wife has (enter nun f. U Wife is pregnant.	<i>iber)</i> child(ren) born duri	ng the marriage, not fathered	d by Husband.
4.Custody and Visitation:			
a. Legal custody of the minor ch	ild(ren) should be award	ed to:	
 Me, Plaintiff Physical custody of the minor 	My spouse, Defendant		
	My spouse, Defendant	Both parties jointly	
c. The parent not awarded physic	ical custody should have	: _ ` ` ` ` `	
 Reasonable visitation Child support should be award 			
5. Division of Assets:		ne child support guidelines.	
All assets my spouse and I own s	should be divided in a jus	st and equitable way.	
6.Division of Debts: All debts my spouse and I owe sl	hould be divided in a just	and aquitable way	
7.Spousal Support (Alimony):		i anu equitable way.	
a. 🖵 I am entitled to an order tl	nat my spouse pay spous	sal support (alimony) to me.	
b. D My spouse D is D is n 8.Grounds:	ot entitled to an order the	at I pay spousal support (alir	mony) to him/her.
Pursuant to HRS Section 580-41	, I allege that the ground	s for divorce are as follows ((check one only):
a. 🖵 The marriage is irretrieval	oly broken.		
b. The parties have lived sep bed and board or under a			nder a decree of separation from
c. C The parties have lived sep			pre years immediately preceding
the application, there is no	reasonable likelihood that	at cohabitation will be resume	ed,
and it would not be harsh interest, to grant a divorce		ndant, or contrary to the pub	DIIC
It is requested of the Court:			
That a decree be entered granting			
relief requested above, all as alleg evidence and the law, and other r			ne
I declare, under penalty of perju			nd
correct to the best of my knowle			
DATE PLAINTIFF'S SIG	NATURE		

In accordance with the Americans with Disabilities Act and other applicable state and federal laws, if you require a reasonable accommodation for a disability, please contact the ADA Coordinator at the Third Circuit Court Administration Office at PHONE NO. 961-7424 or TTY 961-7422 at least ten (10) working days prior to your hearing or appointment date.

	STATE OF HAWAI'I FAMILY COURT THIRD CIRCUIT		IMONS R COMPLAINT	CASE NUMBER FC-D NO.
-	VS.	PLAINTIFF (Full Name) DEFENDANT (Spouse's Full Name)	This document is prepared b Plaintiff Atty. for Plaintif	

TO THE DEFENDANT

You are hereby summoned and required to serve a written answer to the attached Complaint within 20 days after service of this Summons upon you, exclusive of the date of service.

Your written answer must be filed with the Chief Clerk of this Circuit at the following location or address.



A copy of your answer should also be served upon the Plaintiff's attorney, or in the event Plaintiff is not represented by an attorney, upon the Plaintiff at the address shown on the Complaint.

If you fail to file your written answer within the 20-day time limit, further action may be taken in this case, including judgment for the relief demanded in the Complaint, without further notice to you.

THIS SUMMONS SHALL NOT BE PERSONALLY DELIVERED BETWEEN 10:00 P.M. AND 6:00 A.M. ON PREMISES NOT OPEN TO THE PUBLIC, UNLESS A JUDGE OF THE DISTRICT OR CIRCUIT COURTS PERMITS, IN WRITING ON THE SUMMONS, PERSONAL DELIVERY DURING THOSE HOURS.

FAILURE TO OBEY THE SUMMONS MAY RESULT IN AN ENTRY OF A DEFAULT AND DEFAULT JUDGMENT AGAINST THE PERSON SUMMONED.

In accordance with the Americans with Disabilities Act and other applicable state and federal laws, if you require a reasonable accommodation for a disability, please contact the ADA Coordinator at the Third Circuit Court Administration Office at PHONE NO. 961-7424, or TTY

DATE

CLERK OF COURT

Ê

STATE OF HAWAI'I FAMILY COURT THIRD CIRCUIT			MATRIMONIAL ACTION INFORMATION			CASE NUMBER FC-D NO.			
PLAINTIFF			PLAINTIFF DEFENDANT		DATE FILE	D			
DEFENDANT					☐ ATTORNEY FOR PLAINTIFF ☐ ATTORNEY FOR DEFENDANT				
NATURE OF CASE	🗆 ANI	NULMENT	. 🗆 (OTHE	R				
ITEM			WI	FE			HUSI	BAND	
FULL NAME									
BIRTH OR MAIDEN NAME									
ADDRESS STREET, APT. NO.									
TOWN, STATE, ZIP COUNTY									
PHONE	HOME			W	ORK	HOME		WORK	
SOCIAL SECURITY NUMBER									
DATE OF BIRTH									
PLACE OF BIRTH (State or Country)									
RACE									
HIGHEST GRADE COMPLETED									
HAWAII RESIDENT SINCE									
CIRCUIT RESIDENT SINCE									
PRIMARY EMPLOYER (Name and Address)									
JOB TITLE									
WORK SCHEDULE									
LENGTH OF SERVICE									
GROSS MONTHLY INCOME (All Sources)	Prin	nary	Seco	ndary	Welfare	Primary	Seco	ndary	Welfare
DATE OF THIS MARRIAGE	DATE					COUNTY / S	TATE		
DATE OF SEPARATION	DATE					COUNTY / S	TATE		

MATRIMONIAL A	CTION INFORM	ATI	ON (Cont	inued)				CASE NUMBER	
								FC-D NO.	
	FROM		TO		TERMINAT			STATE	
	MONTH/YEAR	M	ONTH/YEAR	DIVORCE	ANNULMI	ENT	DEATH		
WIFE'S PRIOR									
MARRIAGES									
HUSBAND'S PRIOR									
MARRIAGES									
	CHILDREN	: ALL	CHILDREN OF	EITHER PAR	TY FROM Y	OUNC	GEST TO OLDE	ST	
CHILD'S FULL	NAME	M/F	BIRTHDATE	E PA	GAL RENT SBAND, WI	' (PRESENT CUSTODY R OTHER)	SCHOOL AND	GRADE
		INFC	ORMATION R	EQUIRED	FOR CUS	55701	DY		
CHILDREN'S PRESENT ADDR	ESS:								
PLACE	ES WHERE AND PERSONS	S WITH	WHOM THE CH	IILDREN HAV	E LIVED WI	THIN	THE LAST FIV		
ADDR	ESS			CA	RETAKERS			FROM MONTH/YEAR	TO MONTH/YEAR
	NANT. EXPECTED DELIV	ERY C	DATE:						
THE UNDERSIGNED S TRUE AND CORRECT								THE STATEMENTS MA	DE HEREIN ARE
DATE	SIGNATURE								

STATE OF HAWAI'I FAMILY COURT THIRD CIRCUIT	AND A	SERVICE BY MAIL FFIDAVIT; SERVICE BY MAIL	CASE N					
	PLAINTIFF (Full Name)	This document is prepared to Movant Atty. for Movan						
VS.	DEFENDANT (Full Name)	Address City, State, Zip Phone						
MOTION FOR SERVICE BY MAIL AND AFFIDAVIT The undersigned party to this action moves for an order authorizing service by registered or certified mail. In support of this motion the undersigned states that to his/her best information and belief the adverse party is outside the Circuit and receives mail at the following address:								
MOVANT'S SIGNATURE								
SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE:	NOTARY PUBLIC'S SIGNATURE			MY COMMISSION EXPIRES:				
	STATE OF HAWAI'I, THIRD CIRC	UIT						
 made by forwarding <u>certified</u> Complaint Sum Motion and Affidavit for 	Motion and Affidavit for							
 Motion and Affidavit for Income and Expense Statement; Asset and Debt Statement and of this Order to the Plaintiff Defendant by registered or certified mail with return receipt requested and a direction to deliver to addressee only and that actual receipt by the Plaintiff Defendant of the above document(s) sent in accordance with this Order shall be equivalent to personal service by an authorized process server as of the date of receipt. 								
DATE CLERK OF THE	DATE CLERK OF THE COURT							

STATE OF HAWAI'I FAMILY COURT	STATEMEN	T OF MAILING	CASE NUMBER
THIRD CIRCUIT	EXHIBITS	6 "1" AND "2"	FC-D NO.
	PLAINTIFF (Full Name)	This document is prepare Plaintiff Atty. for Pla Name	ed by aintiff
VS.		Address City, State, Zip	
	DEFENDANT (Full Name)	Phone	
I REPRESENT THAT I c Complaint; and Motion for restricted delivery to:	r Service by Mail and	ach of the Complaint Fo Affidavit; Order	r Divorce; Summons to Answer for Service by Mail; and mail, return receipt requested,
	Defendar	nt's Name	
	Defendant	's Address	
		ate/Zip ndant	
At the time of mailing, the return receipt attached as Exl	ne receipt attached hereto as hibit "2" was received.	s Exhibit "1" was postma	arked and dated. Thereafter, the
DATE PLAIN	TIFF'S SIGNATURE		
REPROGRAPHICS (6/08) RevaComm 508 Certified			STATEMENT OF MAILING/EXHIBITS "1" AND "2 3F-P-26

EXHIBIT "1"

EXHIBIT "2"

STATE OF HAWAI'I	INCOME AND EXE	PENSE STATEMEN	CASE NUMBER
FAMILY COURT THIRD CIRCUIT		Defendant	FC-D NO.
		This document is prepa	
	PLAINTIFF	Plaintiff Defendar	nt D Atty. for Plaintiff D Atty. for Defend
	(Full Name)	Name	
VS.			
		Address	
	DEFENDANT	City, State, Zip	
	(Full Name)	Phone	
Occupation:	Joba	title	
Employer:			
Address:			
Length of service:			
Income Tax Withholding based or	n: dependents.		
income tax withinotanig based of			
income tax withinotening based of	INCC	DME	
Gross income. Paid:	INCC		reekly
	$\frac{\text{INCC}}{2 \text{ times per month, }}$	\Box every 2 weeks, \Box w	
Gross income. Paid: monthly,	INCC	\Box every 2 weeks, \Box w	
Gross income. Paid:	INCC	<pre>every 2 weeks, wee</pre>	
 Gross income. Paid: □ monthly, Gross per pay period Payroll deductions per pay period: Fed. income tax 	INCC	<pre>every 2 weeks, wee</pre>	
Gross income. Paid: □ monthly, Gross per pay period Payroll deductions per pay period: Fed. income tax State income tax FICA (Social Security)	INCC	<pre>every 2 weeks, wee</pre>	
Gross income. Paid: □ monthly, Gross per pay period Payroll deductions per pay period: Fed. income tax State income tax FICA (Social Security) Union dues	INCC	<pre> every 2 weeks, w Per month </pre>	\$
Gross income. Paid: □ monthly, Gross per pay period Payroll deductions per pay period: Fed. income tax State income tax	INCC	<pre>every 2 weeks, wee</pre>	\$
Gross income. Paid: □ monthly, Gross per pay period Payroll deductions per pay period: Fed. income tax State income tax FICA (Social Security) Union dues a) Net per pay period	INCC □ 2 times per month, \$ <	□ every 2 weeks, □ w Per month month \$	\$
Gross income. Paid: □ monthly, Gross per pay period Payroll deductions per pay period: Fed. income tax State income tax FICA (Social Security) Union dues a) Net per pay period Other:	INCC 2 times per month, \$ <td>□ every 2 weeks, □ w Per month nonth \$</td> <td>\$</td>	□ every 2 weeks, □ w Per month nonth \$	\$
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Gross income. Paid: □ monthly, Gross per pay period Payroll deductions per pay period: Fed. income tax State income tax FICA (Social Security) Union dues a) Net per pay period Other: Retirement/401K Credit Union	INCC 2 times per month, \$	every 2 weeks, w Per month	\$
Gross income. Paid: □ monthly, Gross per pay period Payroll deductions per pay period: Fed. income tax State income tax FICA (Social Security) Union dues a) Net per pay period Other: Retirement/401K Credit Union	INCC 2 times per month, \$	every 2 weeks, w Per month	\$
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Gross income. Paid: ☐ monthly, Gross per pay period Payroll deductions per pay period: Fed. income tax State income tax FICA (Social Security) Union dues a) Net per pay period Other: Retirement/401K Direct Deposit Income Assignments Support Payments Medical Insurance	INCC 2 times per month, \$ <td></td> <td>\$</td>		\$
Gross income. Paid: □ monthly, Gross per pay period Payroll deductions per pay period: Fed. income tax State income tax FICA (Social Security) Union dues a) Net per pay period Other: Retirement/401K	INCC 2 times per month, \$ <td></td> <td>\$</td>		\$
Gross income. Paid: □ monthly, Gross per pay period Payroll deductions per pay period: Fed. income tax State income tax FICA (Social Security) Union dues a) Net per pay period Other: Retirement/401K Direct Deposit Income Assignments Support Payments Medical Insurance b) Take home per pay period	INCC 2 times per month, \$ <td>every 2 weeks, w Per month month</td> <td>\$</td>	every 2 weeks, w Per month month	\$
Gross income. Paid: □ monthly, Gross per pay period Payroll deductions per pay period: Fed. income tax State income tax FICA (Social Security) Union dues a) Net per pay period Other: Retirement/401K Direct Deposit Income Assignments Support Payments Medical Insurance b) Take home per pay period Other regular monthly income, (re	INCC 2 times per month, \$ <td></td> <td>\$</td>		\$
Gross income. Paid: □ monthly, Gross per pay period Payroll deductions per pay period: Fed. income tax State income tax FICA (Social Security) Union dues a) Net per pay period Other: Retirement/401K Direct Deposit Income Assignments Support Payments Medical Insurance b) Take home per pay period Other regular monthly income, (re	INCC 2 times per month, \$ <td></td> <td>\$</td>		\$
Gross income. Paid: □ monthly, Gross per pay period Payroll deductions per pay period: Fed. income tax State income tax FICA (Social Security) Union dues a) Net per pay period Other: Retirement/401K Direct Deposit Income Assignments Support Payments Medical Insurance b) Take home per pay period Other regular monthly income, (re	INCC 2 times per month, \$ <td></td> <td>\$</td>		\$
Gross income. Paid: □ monthly, Gross per pay period Payroll deductions per pay period: Fed. income tax State income tax FICA (Social Security) Union dues a) Net per pay period Other: Retirement/401K Credit Union Direct Deposit Income Assignments Support Payments Medical Insurance b) Take home per pay period	INCC 2 times per month, \$ <td></td> <td>\$</td>		\$

EXPENSES

Do not list expenses which are paid by payroll deduction.

ref., mortgage, agreement, of sale \$ insurance if not included above. \$ Transportation, expenses, per month: \$ Car payment, lease, crintal \$ Insurance or vehicle \$ Maintenance (repairs) \$ Operating (gas, oil & tires) \$ Debt service (all monthly payments, eg. credit cards, charges, finance company, personal loans) \$ Personal Expenses per month: \$ Food \$ \$ Personal Expenses per month: \$ \$ Food \$ \$ Personal articles \$ \$ Recreation (movice ce) \$ \$ School (include food) \$ \$ Personal articles \$ \$ School (include food) \$ \$ School (include food) \$ \$ Substonial expenses: \$ \$ Sub totals \$ \$<	rent me	xpenses per month:	¢	
Real Property taxes (if paid separately) S Utilities, gas, water, elec, telephone etc. S Transportation, expenses per month: S Car payment, lease, rental S Maintenance (repairs) S Operating (gas, oil & tires) S Total Housing and Transportation expenses S Debt service (all monthly payments, eg. credit cards, charges, finance company, personal loans) S Personal Expenses per month: Self Food S Food S I anudry & Cleaning S Personal Expenses per month: Self Food S I anudry & Cleaning S Vacueshold S I anudry & Cleaning S School (include food) S School (include food) S Bus (on monthly basis) S Other (S Sub Totals S Sub Totals S Sub Total scenses: S Savings, <deficiency>: Income minus Expenses S Explain in detail where savings are invested, or if there is a <deficiency>; who provides the funds to</deficiency></deficiency>		ortgage, agreement of sale		
Transportation, expenses per month: S Car payment, lease, rental S Maintenance (repairs) S Operating (gas, oil & tires) S Total Housing and Transportation expenses S Debt service (all monthly payments, eg. credit cards, charges, finance company, personal loans) \$ S Personal Expenses per month: Self Children No.(insuran	ce if not included above		
Transportation, expenses per month: S Car payment, lease, rental S Maintenance (repairs) S Operating (gas, oil & tires) S Total Housing and Transportation expenses S Debt service (all monthly payments, eg. credit cards, charges, finance company, personal loans) \$ S Personal Expenses per month: Self Children No.(Real Pr	operty taxes (if paid separately)		
Car payment, lease, rental \$ Maintenance (repairs) \$ Operating (gas, oil & tires) \$ Total Housing and Transportation expenses \$ Debt service (all monthly payments, eg. credit cards, charges, finance company, personal loans)\$ \$ Personal Expenses per month: \$ \$ Food \$ \$ Clothing \$ \$ Medical and Dental \$ \$ Laundry & Cleaning \$ \$ Personal articles \$ \$ Recreation (movies etc) \$ \$ School (include food) \$ \$ Bus (on monthly basis) \$ \$ Other () \$ \$ Sub Totals \$ \$ \$ Grand Total expenses: Housing, Trans., Debt & personal \$ \$ Savings, <deficiency>: Income minus Expenses \$ \$ Explain in detail where savings are invested, or if there is a <deficiency>, who provides the funds to maintain the level of spending indicated in this income and expense statement. (Use separate sheet if more space is needed.) </deficiency></deficiency>	Utilities	s, gas, water, elec., telephone etc	\$	
Insurance or vehicle \$ Maintenance (repairs) \$ Operating (gas, oil & tires) \$ Total Housing and Transportation expenses \$ Debt service (all monthly payments, eg. credit cards, charges, finance company, personal loans) \$ \$ Personal Expenses per month: \$ \$ Food \$ \$ Clothing \$ \$ Jaundry & Cleaning \$ \$ Personal articles \$ \$ School (Include food) \$ \$ Personal articles \$ \$ School (Include food) \$ \$ Bus (on monthly basis) \$ \$ Other () \$ \$ Payment to others for dependent care \$ \$ Sub Totals \$ \$ Sub Totals \$ \$ Savings, <deficiency>: Income minus Expenses \$ Explain in detail where savings are invested, or if there is a <deficiency>, who provides the funds to maintair the level of spending indicated in this income and expense statement. (Use separate sheet if more space is needed.) CERTIFICATION</deficiency></deficiency>	Transportat	ion, expenses per month:		
Maintenance (repairs) \$ Operating (gas, oil & tires) \$ Total Housing and Transportation expenses \$ Debt service (all monthly payments, eg. credit cards, charges, finance company, personal loans) \$ \$ Food \$ Children No.(Car pay	yment, lease, rental	\$	
Total Housing and Transportation expenses \$	Insuran	ice on vehicle	\$	
Total Housing and Transportation expenses \$	Mainter	nance (repairs)	\$	
Debt service (all monthly payments, eg. credit eards, charges, finance company, personal loans) \$ Personal Expenses per month: Food	Operati	ing (gas, oil & tires)	\$	
Personal Expenses per month: Self Children No.(Total Housi	ing and Transportation expenses		\$
Food \$ \$ \$ Clothing \$ \$ \$ Medical and Dental \$ \$ \$ Laundry & Cleaning \$ \$ \$ Personal articles \$ \$ \$ Recreation (movies etc) \$ \$ \$ School (include food) \$ \$ \$ Household \$ \$ \$ Bus (on monthly basis) \$ \$ \$ Other () \$ \$ \$ Payment to others for dependent care \$ \$ \$ \$ Sub Totals \$ \$ \$ \$ \$ Grand Total expenses: \$ \$ \$ \$ \$ Grand Total expenses: Housing, Trans., Debt & personal \$ \$ \$ \$ Savings, <deficiency>: Income minus Expenses \$</deficiency>	Debt service	e (all monthly payments, eg. credit car	ds, charges, finance company, perso	onal loans)\$
Clothing \$ \$ \$ Medical and Dental \$ \$ \$ Laundry & Cleaning \$ \$ \$ Personal articles \$ \$ \$ Recreation (movies etc) \$ \$ \$ Recreation (movies etc) \$ \$ \$ School (include food) \$ \$ \$ Household \$ \$ \$ \$ Bus (on monthly basis) \$ \$ \$ \$ Payment to others for dependent care \$ \$ \$ \$ Sub Totals \$ \$ \$ \$ \$ \$ Grand Total expenses: Housing, Trans., Debt & personal \$ \$ \$ \$ \$ Savings, <deficiency>: Income minus Expenses \$ \$ \$ \$ \$ \$ Savings, <deficiency>: Income minus Expenses statement. (Use separate sheet if more space is needed.) \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$</deficiency></deficiency>	Personal Ex	xpenses per month:	Self	Children No.(_)
Clothing \$ \$ \$ Medical and Dental \$ \$ \$ Laundry & Cleaning \$ \$ \$ Personal articles \$ \$ \$ Recreation (movies etc) \$ \$ \$ Recreation (movies etc) \$ \$ \$ School (include food) \$ \$ \$ Household \$ \$ \$ \$ Bus (on monthly basis) \$ \$ \$ \$ Payment to others for dependent care \$ \$ \$ \$ Sub Totals \$ \$ \$ \$ \$ \$ Grand Total expenses: Housing, Trans., Debt & personal \$ \$ \$ \$ \$ Savings, <deficiency>: Income minus Expenses \$ \$ \$ \$ \$ \$ Savings, <deficiency>: Income minus Expenses statement. (Use separate sheet if more space is needed.) \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$</deficiency></deficiency>	Food	~ ~ ~	\$	\$
Medical and Dental \$ \$ \$ Laundry & Cleaning \$ \$ \$ Personal articles \$ \$ \$ Recreation (movies etc) \$ \$ \$ Recreation (movies etc) \$ \$ \$ School (include food) \$ \$ \$ Household \$ \$ \$ Bus (on monthly basis) \$ \$ \$ Payment to others for dependent care \$ \$ \$ Payment to others for dependent care \$ \$ \$ Sub Totals \$ \$ \$ \$ Grand Total expenses: \$ \$ \$ \$ Grand Total expenses: Household, or if there is a <deficiency>, who provides the funds to maintain the level of spending indicated in this income and expense statement. (Use separate sheet if more space is needed.) </deficiency>	Clothin	1g	S	\$
Laundry & Cleaning \$ \$ Personal articles \$ \$ Recreation (movies etc) \$ \$ School (include food) \$ \$ Household \$ \$ Bus (on monthly basis) \$ \$ Other () \$ \$ Payment to others for dependent care \$ \$ Sub Totals \$ \$ Sub Totals \$ \$ Grand Total expenses: \$ \$ Grand Total expenses: \$ \$ Explain in detail where savings are invested, or if there is a <deficiency>, who provides the funds to maintain the level of spending indicated in this income and expense statement. (Use separate sheet if more space is needed.) </deficiency>	Medica	al and Dental	\$	ф.
Personal atricles \$ \$ Recreation (movies etc.) \$ \$ School (include food) \$ \$ Household \$ \$ Bus (on monthly basis) \$ \$ Other () \$ \$ Payment to others for dependent care \$ \$ Sub Totals \$ \$ Sub Totals \$ \$ Grand Total expenses: \$ \$ Grand Total expenses: \$ \$ Savings, <deficiency>: Income minus Expenses \$ \$ Explain in detail where savings are invested, or if there is a <deficiency>, who provides the funds to maintain the level of spending indicated in this income and expense statement. (Use separate sheet if more space is needed.) </deficiency></deficiency>	Laundr	v & Cleaning	\$	¢
Recreation (movies etc) \$ \$ School (include food) \$ \$ Household \$ \$ Bus (on monthly basis) \$ \$ Other () \$ \$ Payment to others for dependent care \$ \$ Sub Totals \$ \$ Sub Totals \$ \$ Grand Total expenses \$ \$ Grand Total expenses: Housing, Trans., Debt & personal \$ \$ Savings, <deficiency>: Income minus Expenses \$ \$ Explain in detail where savings are invested, or if there is a <deficiency>; who provides the funds to maintain the level of spending indicated in this income and expense statement. (Use separate sheet if more space is needed.) </deficiency></deficiency>	Persona	al articles	\$	\$
School (include food)SSSS	Recreat	tion (movies etc)	\$	\$
Household \$ \$ Bus (on monthly basis) \$ \$ Other () \$ \$ Payment to others for dependent care \$ \$ Sub Totals \$ \$ Sub Totals \$ \$ Grand Total expenses \$ \$ Grand Total expenses: \$ \$ Grand Total expenses: \$ \$ Savings, <deficiency>: Income minus Expenses \$ \$ Explain in detail where savings are invested, or if there is a <deficiency>, who provides the funds to maintain the level of spending indicated in this income and expense statement. (Use separate sheet if more space is needed.) </deficiency></deficiency>	School	(include food)	\$	¢
Bus (on monthly basis) \$ \$ Other () \$ \$ Payment to others for dependent care \$ \$ Sub Totals \$ \$ Sub Totals \$ \$ Total Personal expenses \$ \$ Grand Total expenses: Housing, Trans., Debt & personal \$ \$ Savings, <deficiency>: Income minus Expenses \$ \$ Explain in detail where savings are invested, or if there is a <deficiency>, who provides the funds to maintain the level of spending indicated in this income and expense statement. (Use separate sheet if more space is needed.) CERTIFICATION I hereby declare under the penalty of perjury that I have supplied the information used in this Income and Expenses Statement and have reviewed this statement and I certify that the information is accurate, complete and correct. PLAINTIFFS DEFENDANT'S SIGNATURE</deficiency></deficiency>	Househ	ald	• • • • • • • • • • • • • • • • • • •	¢
Sub Totals \$	Dug (or	n monthly basis)	•	¢
Sub Totals \$	Dus (of			Φ.
Sub Totals \$	Other ()		\$
Total Personal expenses \$	Paymer	nt to others for dependent care		\$
Grand Total expenses: Housing, Trans., Debt & personal\$ Savings, <deficiency>: Income minus Expenses\$ Explain in detail where savings are invested, or if there is a <deficiency>, who provides the funds to maintain the level of spending indicated in this income and expense statement. (Use separate sheet if more space is needed.) CERTIFICATION I hereby declare under the penalty of perjury that I have supplied the information used in this Income and Expense Statement and have reviewed this statement and I certify that the information is accurate, complete and correct.</deficiency></deficiency>		Sub Totals	\$	\$
Savings, <deficiency>: Income minus Expenses</deficiency>	Total P	ersonal expenses	\$_	
Explain in detail where savings are invested, or if there is a <deficiency>, who provides the funds to maintain the level of spending indicated in this income and expense statement. (Use separate sheet if more space is needed.) CERTIFICATION I hereby declare under the penalty of perjury that I have supplied the information used in this Income and Expense Statement and have reviewed this statement and I certify that the information is accurate, complete and correct. PLAINTIFF'S DEFENDANT'S SIGNATURE</deficiency>	Grand	Total expenses: Housing, Trans., Debt	& personal	\$
Explain in detail where savings are invested, or if there is a <deficiency>, who provides the funds to maintain the level of spending indicated in this income and expense statement. (Use separate sheet if more space is needed.) CERTIFICATION I hereby declare under the penalty of perjury that I have supplied the information used in this Income and Expense Statement and have reviewed this statement and I certify that the information is accurate, complete and correct. PLAINTIFF'S DEFENDANT'S SIGNATURE</deficiency>	Saving	s, <deficiency>: Income minus Exper</deficiency>	ISES	\$
I hereby declare under the penalty of perjury that I have supplied the information used in this Income and Expense Statement and have reviewed this statement and I certify that the information is accurate, complete and correct.	~~~			
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I hereby declare under the penalty of perjury that I have supplied the information used in this Income and Expense Statement and have reviewed this statement and I certify that the information is accurate, complete and correct.	Ex			
I hereby declare under the penalty of perjury that I have supplied the information used in this Income and Expense Statement and have reviewed this statement and I certify that the information is accurate, complete and correct.	Ex			
Statement and have reviewed this statement and I certify that the information is accurate, complete and correct.	Ex			
	Ex		expense statement. (Use separate s	
073917 RevaComm 508 Certified INCOME & EXPENSE STATEMEN	Exj the level of	spending indicated in this income and	<u>expense statement.</u> (Use separate sl <u>CERTIFICATION</u> at I have supplied the information	heet if more space is needed.)
073917 RevaComm 508 Certified INCOME & EXPENSE STATEMEN	Exj the level of	spending indicated in this income and eclare under the penalty of perjury that and have reviewed this statement and I	<u>CERTIFICATION</u> at I have supplied the information certify that the information is accur	heet if more space is needed.)
	Exj the level of	spending indicated in this income and eclare under the penalty of perjury that and have reviewed this statement and I	<u>CERTIFICATION</u> at I have supplied the information certify that the information is accur	heet if more space is needed.)

STATE OF HAWAI'I		PENSE STATEMENT	CASE NUMBER
FAMILY COURT THIRD CIRCUIT		Defendant	FC-D NO.
		This document is prepared b	y Atty. for Plaintiff 🔲 Atty. for Defendant
	PLAINTIFF (Full Name)	Name	
VS.		Address	
	DEFENDANT (Full Name)	City, State, Zip	
Occupation:	Job t		
Employer:			
Address:			
Length of service:	months/years.		
Income Tax Withholding based or	1: dependents.		
	INCO)ME	
Gross income. Paid:			$u \square \text{ or other}$
	-		
Gross per pay period			۰۰۰۰۰۰ ۵ <u>ـــــــــــــــــــــــــــــــ</u>
Payroll deductions per pay period:			
Fed. income tax	\$		
State income tax FICA (Social Security)			
Union dues	\$		
a) Net per pay period	\$ Per n	nonth \$	
Other:			
Retirement/401K	\$		
Credit Union			
Direct Deposit Income Assignments	\$		
Support Payments	C C		
Medical Insurance	\$\$		
b) Take home per pay period	\$ Per n	nonth \$	
Other regular monthly income, (re stamps, and any other source.)			od
Gross monthly receipt	\$		
Taxes paid IRS and State on a	bove \$		
Gross monthly receipt Taxes paid IRS and State on a c) Total other income net	\$		
Total Monthly Income (Add per n	nonth income from lines a	and c above) \$	_

EXPENSES

Do not list expenses which are paid by payroll deduction.

ref., mortgage, agreement, of sale \$ insurance if not included above. \$ Transportation, expenses, per month: \$ Car payment, lease, crintal \$ Insurance or vehicle \$ Maintenance (repairs) \$ Operating (gas, oil & tires) \$ Debt service (all monthly payments, eg. credit cards, charges, finance company, personal loans) \$ Personal Expenses per month: \$ Food \$ \$ Personal Expenses per month: \$ \$ Food \$ \$ Personal articles \$ \$ Recreation (movice ce) \$ \$ School (include food) \$ \$ Personal articles \$ \$ School (include food) \$ \$ School (include food) \$ \$ Substonial expenses: \$ \$ Sub totals \$ \$<	rent me	xpenses per month:	¢	
Real Property taxes (if paid separately) S Utilities, gas, water, elec, telephone etc. S Transportation, expenses per month: S Car payment, lease, rental S Maintenance (repairs) S Operating (gas, oil & tires) S Total Housing and Transportation expenses S Debt service (all monthly payments, eg. credit cards, charges, finance company, personal loans) S Personal Expenses per month: Self Food S Food S I anudry & Cleaning S Personal Expenses per month: Self Food S I anudry & Cleaning S Vacueshold S I anudry & Cleaning S School (include food) S School (include food) S Bus (on monthly basis) S Other (S Sub Totals S Sub Totals S Sub Total scenses: S Savings, <deficiency>: Income minus Expenses S Explain in detail where savings are invested, or if there is a <deficiency>; who provides the funds to</deficiency></deficiency>		ortgage, agreement of sale		
Transportation, expenses per month: S Car payment, lease, rental S Maintenance (repairs) S Operating (gas, oil & tires) S Total Housing and Transportation expenses S Debt service (all monthly payments, eg. credit cards, charges, finance company, personal loans) \$ S Personal Expenses per month: Self Children No.(insuran	ce if not included above		
Transportation, expenses per month: S Car payment, lease, rental S Maintenance (repairs) S Operating (gas, oil & tires) S Total Housing and Transportation expenses S Debt service (all monthly payments, eg. credit cards, charges, finance company, personal loans) \$ S Personal Expenses per month: Self Children No.(Real Pr	operty taxes (if paid separately)		
Car payment, lease, rental \$ Maintenance (repairs) \$ Operating (gas, oil & tires) \$ Total Housing and Transportation expenses \$ Debt service (all monthly payments, eg. credit cards, charges, finance company, personal loans)\$ \$ Personal Expenses per month: \$ \$ Food \$ \$ Clothing \$ \$ Medical and Dental \$ \$ Laundry & Cleaning \$ \$ Personal articles \$ \$ Recreation (movies etc) \$ \$ School (include food) \$ \$ Bus (on monthly basis) \$ \$ Other () \$ \$ Sub Totals \$ \$ \$ Grand Total expenses: Housing, Trans., Debt & personal \$ \$ Savings, <deficiency>: Income minus Expenses \$ \$ Explain in detail where savings are invested, or if there is a <deficiency>, who provides the funds to maintain the level of spending indicated in this income and expense statement. (Use separate sheet if more space is needed.) </deficiency></deficiency>	Utilities	s, gas, water, elec., telephone etc	\$	
Insurance or vehicle \$ Maintenance (repairs) \$ Operating (gas, oil & tires) \$ Total Housing and Transportation expenses \$ Debt service (all monthly payments, eg. credit cards, charges, finance company, personal loans) \$ \$ Personal Expenses per month: \$ \$ Food \$ \$ Clothing \$ \$ Jaundry & Cleaning \$ \$ Personal articles \$ \$ School (Include food) \$ \$ Personal articles \$ \$ School (Include food) \$ \$ Bus (on monthly basis) \$ \$ Other () \$ \$ Sub Totals \$ \$ Sub Totals \$ \$ Savings, <deficiency>: Income minus Expenses \$ \$ Explain in detail where savings are invested, or if there is a <deficiency>, who provides the funds to maintain the level of spending indicated in this income and expense statement. (Use separate sheet if more space is needed.) </deficiency></deficiency>	Transportat	ion, expenses per month:	¢	
Maintenance (repairs) \$ Operating (gas, oil & tires) \$ Total Housing and Transportation expenses \$ Debt service (all monthly payments, eg. credit cards, charges, finance company, personal loans) \$ \$ Food \$ Children No.(Car pay	yment, lease, rental	\$	
Total Housing and Transportation expenses \$	Insuran	ice on vehicle	\$	
Total Housing and Transportation expenses \$	Mainter	nance (repairs)	\$	
Debt service (all monthly payments, eg. credit eards, charges, finance company, personal loans) \$ Personal Expenses per month: Food	Operati	ing (gas, oil & tires)	\$	
Personal Expenses per month: Self Children No.(Total Housi	ing and Transportation expenses		\$
Food \$ \$ \$ Clothing \$ \$ \$ Medical and Dental \$ \$ \$ Laundry & Cleaning \$ \$ \$ Personal articles \$ \$ \$ Recreation (movies etc) \$ \$ \$ School (include food) \$ \$ \$ Household \$ \$ \$ Bus (on monthly basis) \$ \$ \$ Other () \$ \$ \$ Payment to others for dependent care \$ \$ \$ \$ Sub Totals \$ \$ \$ \$ \$ Grand Total expenses: \$ \$ \$ \$ \$ Grand Total expenses: Housing, Trans., Debt & personal \$ \$ \$ \$ Savings, <deficiency>: Income minus Expenses \$</deficiency>	Debt service	e (all monthly payments, eg. credit car	ds, charges, finance company, perso	onal loans)\$
Clothing \$ \$ \$ Medical and Dental \$ \$ \$ Laundry & Cleaning \$ \$ \$ Personal articles \$ \$ \$ Recreation (movies etc) \$ \$ \$ Recreation (movies etc) \$ \$ \$ School (include food) \$ \$ \$ Household \$ \$ \$ \$ Bus (on monthly basis) \$ \$ \$ \$ Payment to others for dependent care \$ \$ \$ \$ Sub Totals \$ \$ \$ \$ \$ \$ Grand Total expenses: Housing, Trans., Debt & personal \$ \$ \$ \$ \$ Savings, <deficiency>: Income minus Expenses \$ \$ \$ \$ \$ \$ Savings, <deficiency>: Income minus Expenses statement. (Use separate sheet if more space is needed.) \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$</deficiency></deficiency>	Personal Ex	xpenses per month:	Self	Children No.(_)
Clothing \$ \$ \$ Medical and Dental \$ \$ \$ Laundry & Cleaning \$ \$ \$ Personal articles \$ \$ \$ Recreation (movies etc) \$ \$ \$ Recreation (movies etc) \$ \$ \$ School (include food) \$ \$ \$ Household \$ \$ \$ \$ Bus (on monthly basis) \$ \$ \$ \$ Payment to others for dependent care \$ \$ \$ \$ Sub Totals \$ \$ \$ \$ \$ \$ Grand Total expenses: Housing, Trans., Debt & personal \$ \$ \$ \$ \$ Savings, <deficiency>: Income minus Expenses \$ \$ \$ \$ \$ \$ Savings, <deficiency>: Income minus Expenses statement. (Use separate sheet if more space is needed.) \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$</deficiency></deficiency>	Food	~ ~ ~	\$	\$
Medical and Dental \$ \$ \$ Laundry & Cleaning \$ \$ \$ Personal articles \$ \$ \$ Recreation (movies etc) \$ \$ \$ Recreation (movies etc) \$ \$ \$ School (include food) \$ \$ \$ Household \$ \$ \$ Bus (on monthly basis) \$ \$ \$ Payment to others for dependent care \$ \$ \$ Payment to others for dependent care \$ \$ \$ Sub Totals \$ \$ \$ \$ Grand Total expenses: \$ \$ \$ \$ Grand Total expenses: Household, or if there is a <deficiency>, who provides the funds to maintain the level of spending indicated in this income and expense statement. (Use separate sheet if more space is needed.) </deficiency>	Clothin	1g	S	\$
Laundry & Cleaning \$ \$ Personal articles \$ \$ Recreation (movies etc) \$ \$ School (include food) \$ \$ Household \$ \$ Bus (on monthly basis) \$ \$ Other () \$ \$ Payment to others for dependent care \$ \$ Sub Totals \$ \$ Sub Totals \$ \$ Grand Total expenses: \$ \$ Grand Total expenses: \$ \$ Explain in detail where savings are invested, or if there is a <deficiency>, who provides the funds to maintain the level of spending indicated in this income and expense statement. (Use separate sheet if more space is needed.) </deficiency>	Medica	al and Dental	\$	ф.
Personal atricles \$ \$ Recreation (movies etc.) \$ \$ School (include food) \$ \$ Household \$ \$ Bus (on monthly basis) \$ \$ Other () \$ \$ Payment to others for dependent care \$ \$ Sub Totals \$ \$ Sub Totals \$ \$ Grand Total expenses: \$ \$ Grand Total expenses: \$ \$ Savings, <deficiency>: Income minus Expenses \$ \$ Explain in detail where savings are invested, or if there is a <deficiency>, who provides the funds to maintain the level of spending indicated in this income and expense statement. (Use separate sheet if more space is needed.) </deficiency></deficiency>	Laundr	v & Cleaning	\$	¢
Recreation (movies etc) \$ \$ School (include food) \$ \$ Household \$ \$ Bus (on monthly basis) \$ \$ Other () \$ \$ Payment to others for dependent care \$ \$ Sub Totals \$ \$ Sub Totals \$ \$ Grand Total expenses \$ \$ Grand Total expenses: Housing, Trans., Debt & personal \$ \$ Savings, <deficiency>: Income minus Expenses \$ \$ Explain in detail where savings are invested, or if there is a <deficiency>; who provides the funds to maintain the level of spending indicated in this income and expense statement. (Use separate sheet if more space is needed.) </deficiency></deficiency>	Persona	al articles	\$	\$
School (include food)SSSS	Recreat	tion (movies etc)	\$	\$
Household \$ \$ Bus (on monthly basis) \$ \$ Other () \$ \$ Payment to others for dependent care \$ \$ Sub Totals \$ \$ Sub Totals \$ \$ Grand Total expenses \$ \$ Grand Total expenses: \$ \$ Grand Total expenses: \$ \$ Savings, <deficiency>: Income minus Expenses \$ \$ Explain in detail where savings are invested, or if there is a <deficiency>, who provides the funds to maintain the level of spending indicated in this income and expense statement. (Use separate sheet if more space is needed.) </deficiency></deficiency>	School	(include food)	\$	¢
Bus (on monthly basis) \$ \$ Other () \$ \$ Payment to others for dependent care \$ \$ Sub Totals \$ \$ Sub Totals \$ \$ Total Personal expenses \$ \$ Grand Total expenses: Housing, Trans., Debt & personal \$ \$ Savings, <deficiency>: Income minus Expenses \$ \$ Explain in detail where savings are invested, or if there is a <deficiency>, who provides the funds to maintain the level of spending indicated in this income and expense statement. (Use separate sheet if more space is needed.) CERTIFICATION I hereby declare under the penalty of perjury that I have supplied the information used in this Income and Expenses Statement and have reviewed this statement and I certify that the information is accurate, complete and correct. PLAINTIFFS DEFENDANT'S SIGNATURE</deficiency></deficiency>	Househ	ald	• • • • • • • • • • • • • • • • • • •	¢
Sub Totals \$	Dug (or	n monthly basis)	•	¢
Sub Totals \$	Dus (of			Φ.
Sub Totals \$	Other ()		\$
Total Personal expenses \$	Paymer	nt to others for dependent care		\$
Grand Total expenses: Housing, Trans., Debt & personal\$ Savings, <deficiency>: Income minus Expenses\$ Explain in detail where savings are invested, or if there is a <deficiency>, who provides the funds to maintain the level of spending indicated in this income and expense statement. (Use separate sheet if more space is needed.) CERTIFICATION I hereby declare under the penalty of perjury that I have supplied the information used in this Income and Expense Statement and have reviewed this statement and I certify that the information is accurate, complete and correct.</deficiency></deficiency>		Sub Totals	\$	\$
Savings, <deficiency>: Income minus Expenses</deficiency>	Total P	ersonal expenses	\$_	
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Explain in detail where savings are invested, or if there is a <deficiency>, who provides the funds to maintain the level of spending indicated in this income and expense statement. (Use separate sheet if more space is needed.) CERTIFICATION I hereby declare under the penalty of perjury that I have supplied the information used in this Income and Expense Statement and have reviewed this statement and I certify that the information is accurate, complete and correct. PLAINTIFF'S DEFENDANT'S SIGNATURE</deficiency>	Saving	s, <deficiency>: Income minus Exper</deficiency>	ISES	\$
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I hereby declare under the penalty of perjury that I have supplied the information used in this Income and Expense Statement and have reviewed this statement and I certify that the information is accurate, complete and correct.	Ex			
I hereby declare under the penalty of perjury that I have supplied the information used in this Income and Expense Statement and have reviewed this statement and I certify that the information is accurate, complete and correct.	Ex			
Statement and have reviewed this statement and I certify that the information is accurate, complete and correct.	Ex			
	Ex		expense statement. (Use separate s	
073917 RevaComm 508 Certified INCOME & EXPENSE STATEMEN	Exj the level of	spending indicated in this income and	<u>expense statement.</u> (Use separate sl <u>CERTIFICATION</u> at I have supplied the information	heet if more space is needed.)
073917 RevaComm 508 Certified INCOME & EXPENSE STATEMEN	Exj the level of	spending indicated in this income and eclare under the penalty of perjury that and have reviewed this statement and I	<u>CERTIFICATION</u> at I have supplied the information certify that the information is accur	heet if more space is needed.)
	Exj the level of	spending indicated in this income and eclare under the penalty of perjury that and have reviewed this statement and I	<u>CERTIFICATION</u> at I have supplied the information certify that the information is accur	heet if more space is needed.)

STATE OF HAWAI'I FAMILY COURT THIRD CIRCUIT		EBT STATEMENT	CASE NUMBER FC-D NO.
VS.	PLAINTIFF (Full Name) DEFENDANT (Full Name)	This document is prepared b Plaintiff Defendant Name Address City, State, Zip Phone	Atty. for Plaintiff Atty. for Defendant
 Cash (on hand or held b) CREDIT UNION ACC <u>Name</u> 	•	\$ Credit Balance	Debt Balance
3. BANK AND SAVINGS <u>Company & Branch</u>	ACCOUNTS: (Incluc <u>Type of Account</u>	le Trustee Accounts) <u>Title (H,W,J)</u>	Current Balance
× ×	cs, Bonds, Mutual Funds (H,W,J) Date of Acquisi	, Certificates of Deposit, etc. <u>tion Cost</u> <u>Market Valu</u>	

	Year	Make	Title (H,W,J)	Currrent Mark	<u>cet Value</u> Debt	Owed Against
 5. 	REAL PROPEI	RTY: <u>Fee or Lease</u>		Date of quisition <u>Cost</u>	Current Gross Value	Total <u>Debt Owed</u>
7.	LIFE INSURAN Company Per		Amount Benefician	ry <u>(H</u> ,W,J)	<u>Cash Value</u>	Debt Owed Against
5.	RETIREMENT Employer or Company		DFIT SHARING AC	COUNTS: Years in Plan		Total Value
).		elry, Accounts Re	S: (Furniture, Hou ceivable, Investment			
lei	neral Description	Title (H,W,J) Estimate	d Gross Value	Debt Owed	Against

Page 3

10. **PROPERTY HELD IN TRUST FOR OR BY THIRD PERSON/S:** (Aside from Bank & Savings Accounts Noted in paragraph 3)

Description	Trustee/s	Beneficiaries	Value	Debt Owed Against

11. **ALL OUTSTANDING DEBTS:** (Include those listed parts in 2, 4, 5, 6, 7, 9, and 10 above, in addition to all credit cards, charges, finance companies, and personal loans.)

Creditor	Debtor (H,W,J or Other)	Security	Mo./Yr. Debt Incurred	Total Balance Owed	Minimum Monthly Payment
Total Debt in Wife	's Name Alone:				
Total Debt in Hust	oand's Name Alone:				
	Names:				

CERTIFICATION

I hereby declare under the penalty of perjury that I have supplied the information used in this Asset and Debt Statement and have reviewed this statement and I certify that the information is accurate, complete and correct.

DATE	PLAINTIFF'S D DEFENDANT'S SIGNATURE
DATE	PLAINTIFF'S DEFENDANT'S SIGNATURE

STATE OF HAWAI'I FAMILY COURT THIRD CIRCUIT		EBT STATEMENT	CASE NUMBER FC-D NO.
VS.	PLAINTIFF (Full Name) DEFENDANT (Full Name)	This document is prepared b Plaintiff Defendant Name Address City, State, Zip Phone	Atty. for Plaintiff Atty. for Defendant
 Cash (on hand or held b) CREDIT UNION ACC <u>Name</u> 	•	\$ Credit Balance	Debt Balance
3. BANK AND SAVINGS <u>Company & Branch</u>	ACCOUNTS: (Incluc <u>Type of Account</u>	le Trustee Accounts) <u>Title (H,W,J)</u>	Current Balance
× ×	cs, Bonds, Mutual Funds (H,W,J) Date of Acquisi	, Certificates of Deposit, etc. <u>tion Cost</u> <u>Market Valu</u>	

	Year	Make	Title (H,W,J)	Currrent Mark	<u>cet Value</u> Debt	Owed Against
 5. 	REAL PROPEI	RTY: <u>Fee or Lease</u>		Date of quisition <u>Cost</u>	Current Gross Value	Total <u>Debt Owed</u>
7.	LIFE INSURAN Company Per		Amount Benefician	ry <u>(H</u> ,W,J)	<u>Cash Value</u>	Debt Owed Against
5.	RETIREMENT Employer or Company		DFIT SHARING AC	COUNTS: Years in Plan		Total Value
).		elry, Accounts Re	S: (Furniture, Hou ceivable, Investment			
lei	neral Description	Title (H,W,J) Estimate	d Gross Value	Debt Owed	Against

Page 3

10. **PROPERTY HELD IN TRUST FOR OR BY THIRD PERSON/S:** (Aside from Bank & Savings Accounts Noted in paragraph 3)

Description	Trustee/s	Beneficiaries	Value	Debt Owed Against

11. **ALL OUTSTANDING DEBTS:** (Include those listed parts in 2, 4, 5, 6, 7, 9, and 10 above, in addition to all credit cards, charges, finance companies, and personal loans.)

Creditor	Debtor (H,W,J or Other)	Security	Mo./Yr. Debt Incurred	Total Balance Owed	Minimum Monthly Payment
Total Debt in Wife	's Name Alone:				
Total Debt in Hust	oand's Name Alone:				
	Names:				

CERTIFICATION

I hereby declare under the penalty of perjury that I have supplied the information used in this Asset and Debt Statement and have reviewed this statement and I certify that the information is accurate, complete and correct.

DATE	PLAINTIFF'S D DEFENDANT'S SIGNATURE
DATE	PLAINTIFF'S DEFENDANT'S SIGNATURE

STATE OF HAWAI'I FAMILY COURT THIRD CIRCUIT	APPEARANCE AND WAIVER		CASE NUMBER FC-D NO.
VS.	PLAINTIFF (Full Name) DEFENDANT (Full Name)	This document is prepared b Plaintiff Defendant Name Address City, State, Zip Phone	Atty. for Plaintiff Atty. for Defendant
	, ,	1	

I, the Defendant, acknowledge receipt of a <u>filed</u> copy of the Complaint and Summons in the above-entitled action, submit myself to the Court's jurisdiction, and have agreed with the Plaintiff on the matters set forth in

□ a signed agreement incident to divorce.

 \Box a form of Decree which I have approved by signature.

I consent to a hearing of the complaint by a judge at any time without further notice and without my presence so long as the Decree issued incorporates the provisions I have approved. If such Decree is not entered by the Court, I request to be notified.

I understand that I am not required to sign this paper and that by doing so I am permitting the Court without opposition from me to proceed with the above-entitled matter at this time unless there is reason for the Court to alter our agreement.

□ I am not in the military service of the United States.

□ I am in the military service of the United States, but I do not request a stay of proceedings herein, and I do waive any rights I may have under the Soldiers' and Sailors' Civil Relief Act, 50 U.S.C. Sec. 521, et. seq.

DEFENDANT'S SIGNATURE

Ronald Ibarra Senior Judge Aileen Lum Director District Family Judges Ben H. Gaddis Victor M. Cox

MEMORANDUM

To: Third Circuit Court Judges and Bar

From: Ronald Ibarra, Senior Family Court Judge

Date: October 11, 1996

PROOF OF UNCONTESTED DIVORCE THROUGH AFFIDAVIT

Pursuant to Sections 580-5, H.R.S, the Family Court of the Third Circuit authorizes parties to and uncontested divorce to prove the case through an affidavit rather than by court appearance. Exact legal proof of every point is required in the affidavits.

The following process will be used in affidavit only cases:

1. The Affidavit of Plaintiff must be filed with the documents clerk before the case is set.

2. The Affidavit of Plaintiff must contain legal proof of every point required (see the sample affidavit attached). Utilize the attached sample as a guide and only include paragraphs in the affidavit which apply to your case. Be sure to include any other information in the affidavit which is necessary or would be helpful to the judge.

Such matters as circumstances justifying a variance from either child support guidelines or matters affecting the partnership model for division of property must be stated or you risk rejection of the proposed decree.

- 3. If not previously filed, the following documents must be filed with the Affidavit:
- a. One or more of the following documents as proof of service:
 - (1) <u>Appearance and Waiver</u>. The Appearance and Waiver must be filed in all non-default uncontested cases. It must be both hand-dated and signed

Third Circuit Judges and Bar Page 2 October 11, 1996

by the Defendant after the complaint has been filed. Family Court Rule 8(g) requires that the Appearance and Waiver "shall be filed within a reasonable time before the date of hearing." If the Appearance and Waiver is not current within six months of the time of setting, the Plaintiff must submit a Notice of Hearing to the Defendant and file the Notice of Hearing with the Family Court Clerk at the time the case is set.

- (2) Proof of Service, Statement of Mailing, or Affidavit of Publication:
 - (a) <u>Upon Defendant</u>. If no Appearance and Waiver is filed, Proof of Service of the Complaint by personal service, Statement of Mailing with a return receipt signed by Defendant, or Affidavit of Publication must be provided if proceeding either by default or by agreement.
 - (b) <u>Upon Corporation Counsel</u>. Proof of Service of the Complaint upon Family Support Division of Corporation Counsel must be filed if any party has a child who is a recipient of Aid to Families with Dependant Children (AFDC).
- b. Income and Expense Statement and Asset and Debt Statements of Plaintiff and Defendant: Current financial statements must be filed by Plaintiff and Defendant unless Defendant has filed an Appearance and Waiver or is in default. Each party must hand-date and sign in black ink each of his/her statements.
 - (1) <u>Plaintiff</u>. Plaintiff's filed Income and Expense Statement and Asset and Debt Statement must reflect financial information that is current within 60 days of the setting date (not the hearing date) of the case. Plaintiff's statements should reflect all known assets held in joint or sole names of the parties.
 - (2) <u>Defendant</u>. Plaintiff must submit to the counter clerk either: (a) Defendant's filed Income and Expense Statement and Asset and Debt Statement current

Third Circuit Judges and Bar Page 3 October 11, 1996

within 60 days of the setting of the case, or (b) A letter addressed to the Presiding Judge explaining why current financial statements are not available.

- c. Child Support Guidelines Worksheet (if applicable): Plaintiff must submit a filed copy of the child support guidelines worksheet in all cases where the parties have minor and /or dependent children. The worksheet must be signed by Plaintiff and Plaintiff's attorney and Defendant and Defendant's attorney if possible.
- d. Agreement Incident to Divorce (if applicable): All agreements must be filed, handdated and signed by both parties in black ink. The agreement should be signed before a notary or signature or counsel should appear on the agreement.
- e. Paternity Judgment (if applicable): If any minor children born during the marriage are not fathered by the husband, the case must be placed on the contested divorce calendar unless the paternity of the natural father has already been adjudicated in a paternity action. See Hawai'i Divorce Manual, 5th ed., Section 7 for appropriate procedures.
- f. Proposed Decree: A signed original decree and copies must be provided to the Family Court counter clerk together with the Certificate of Absolute Divorce.

Signatures: Stipulated decrees shall be signed by both parties and their attorneys. Each party must also hand-write the date in black ink next to his/her signature. If the decree incorporates and Agreement Incident to Divorce, only opposing counsel needs to sign the decree "approved as to form."

g. Order for Income Assignment (if applicable): Plaintiff shall submit an original of the Order for Income Assignment (OIA) and copies to the Family Court counter clerk together with the decree. If no OIA is submitted because the obligator has no periodic income, or the parties have elected direct payments to the custodial Third Circuit Judges and Bar Page 4 October 11, 1996

> parent, and the defendants of the obligor parent are not receiving public assistance benefits, this should be explained in the Affidavit of Plaintiff. The Decree should nevertheless order that child support will be paid by OIA as soon as the obligor receives periodic income, and should further require the obligor to notify the Child Support Enforcement Agency in writing of the name and address of the employer or other payer as soon as he receives such income.

h. Order Granting Motion: If Plaintiff is proceeding by default, a <u>filed</u> copy of the Order Granting Motion for Default must be submitted in all affidavit cases at the time the case is set. Otherwise, a hearing on a motion for default should be scheduled at the time of the uncontested divorce and the Notice of Motion will reflect the same date and time as the uncontested divorce.

4. In the affidavit only cases, the case file including all documents will be reviewed by the assigned judge on or about the date of the hearing. The judge, after a hearing without appearances, will note the disposition on the court's calendar as follows: a) granted; b) decree to be resubmitted (with corrections); or c) court hearing with appearances required.

Copies of the rejected decrees to be returned to attorneys (with the judge's notations) will be placed in the attorney's jacket for corrections. Copies of the rejected decrees to be returned to pro se parties (with judge's notations) will be mailed to Plaintiff for corrections and resubmittal to the court.

> 3rd Circuit FCJM-4 Page 4 of 9

STATE OF HAWAI'I FAMILY COURT THIRD CIRCUIT	C	DOF)F VICE	CASE NUMBER FC-D NO.			
VS. I served a certified copy of each doc	PLAINTIFF (Full Name) DEFENDANT (Full Name) ument identified below by	This document is prepa Plaintiff Attorne Name Address City, State, Zip Phone	ey for Plaintiff			
PERSON(S) SERVED	DATE	TIME	PLACE			
	DOCUMENT	S SERVED				
🗅 Complaint 🗅 Summons 🗅	Notice to Attend					
Motion and Affidavit for						
Motion and Affidavit for						
PLEASE EX	XPEDITE RETURN OF	- SERVICE TO FAMI	LY COURT			
DATE POLICE OFFIC	CER'S SIGNATURE	BADGE ID NUMBER				
DATE OTHER SERV	ING OFFICER'S SIGNATURE	NAME OF SERVING (OFFICER			
UNSERVED DOCUMENTS: I certify that, despite due and diligent search, I was unable to locate the person to be served, and therefore the attached documents are being returned as unserved.						

			CASE NUMBER
STATE OF HAWAI'I FAMILY COURT			
THIRD CIRCUIT	(FOR UNCONTESTED DIVORCE)		FC-D NO.
		This document is prepared b	y ,
	PLAINTIFF	Plaintiff Atty. for Plaintif	t
	(Your Full Name)	Name	
VS.			
		Address City, State, Zip	
DEFENDANT (Your Spouse's Full Name)		City, State, Zip Phone	
(,			
STATE OF HAWAI'I)		
	ý SS	5.	
COUNTY OF HAWAI'I)		
Plaintiff in the above entit	led action being first du	ly sworn on oath, deposes ar	d cave that
		ry sworn on oath, deposes an	a says mat.
1. Plaintiff's full name and addre	ss is:		
2. Legal Representation:			
2a. 🖵 Plaintiff is representing			
2b. D Plaintiff is represented	by the attorney named al	bove.	
3. Service of process on Defenda			
3a. <u>Personal Service</u> : A was personally served	Proof of Service or Affic d with the Complaint an	davit of Service has been file	ed showing that the Defendant by a person
authorized to serve of	legal documents.		
registered mail. A Stat	ement of Mailing or Affic	davit of Mailing and an origi	pon Defendant by certified or nal return receipt signed by the
Defendant on	have been fil	led. Plaintiff recognizes Defe	endant's signature on the return
receipt.	* *		f the Complaint and Summons
and signed an Appear	cance and Waiver on	(Mo/Day/Yr).	aintiff recognizes Defendant's
signature on the Appea 3d. □ <u>Publication</u> : The Affid	lavit of Publication was f	iled on	<u>.</u>
4. 🖵 Default.		(Mo/Day/Yr)	
4a. \Box More than twenty (20)			
		sive pleading has been file received any communication	
from Defendant or De		rning this case since the Cor	
plaint was served. 4b	the Motion for En	try of Default was file	bé
on(Mo/Day/Yr)	4b. An order granting the Motion for Entry of Default was filed on		
(IVIO/Day/11)			

AFFIDAVIT OF PLAINTIFF (FOR UNCONTESTED DIVORCE) PAGE TWO

CASE NUMBER

FC-D NO.

5a. 🗖	iction: (Check all that apply) Plaintiff had been domiciled or physically present on the Island of Hawai'i for a continuous period of at least 3 months prior to the filing of the Complaint for Divorce.
	Plaintiff had been domiciled or physically present in the State of Hawai'i for a continuous period of at least 6 months prior to the filing of the Complaint for Divorce. Defendant had been domiciled or physically present in the State of Hawai'i for a continuous period of at
(Defer	least 6 months prior to the filing of the Complaint for Divorce.
	dant resides in (city, state),
	arties were married on
8. The pa	arties last lived together in (city, state), on
	(Mo/Day/Yr)
10. <u>Financ</u>	cial statements:
sii	aintiff signed Income and Expense and Asset and Debt Statements on
10b. 🗖	Defendant signed Income and Expense and Asset and Debt Statements on Plaintiff recognizes Defendant's signature on said documents.
10c. 🗖	Defendant's Income and Expense Statement and Asset and Debt Statement are not filed because:
	iff has carefully reviewed the proposed decree and agrees to the alimony, division of property and other ions as provided in the proposed decree.
12. Plainti	iff signed the proposed decree. \Box Plaintiff recognizes Defendant's signature on the decree.
13. Wife v	wishes to resume the use of her \Box birth surname \Box former married name and be known as:
14. Husba	nd wishes to resume the use of his \Box birth surname \Box former married name and be known as:
15a. 🗖	age Comprehension: Plaintiff fully understands the English language. Although Plaintiff does not fully comprehend written English, this document has been explained to him/ her by and based on that explanation Plaintiff understands this document.
16. Plainti	iff requests that the court grant this divorce and enter the decree without his/her appearance in court.

	OF HAWAI'I	AFFIDAVIT OF PLAINTIFF	CASE NUMBER	
	Y COURT D CIRCUIT	(FOR UNCONTESTED DIVORCE) PAGE THREE	FC-D NO.	
18b. 🗖 🗅	Wife is not pregnant.	er expected date of delivery is(Mo/Day/Yr)	Husband 🗅 is 🗅 is	s not the father
19b. 🖵 🏾	Plaintiff and Defendar The parties have	t have no children together. children together. The complete name and bir youngest child (including adult child(ren)):	thdate of each are lis	sted as follows
Nam	<u>ne</u>		Date of Birth	
				(Mo/Day/Yr) (Mo/Day/Yr) (Mo/Day/Yr) (Mo/Day/Yr) (Mo/Day/Yr)
) conceived during the marriage fathered by so rth is/are listed as follows:	omeone other than h	usband. Their
Nam			Judgment of Paterni	ty entered
				No No
			Day/Yr) U Yes	INU
20a. 🗖 🛛	of the minor children of proceeding or of any custody or visitation ri	<u>eedings</u> : in any capacity in any law suit or proceeding in a f the Plaintiff and Defendant together. I have no i person not a party to this proceeding who has p ghts concerning any minor children of the Plaint ing the subject children:	nformation of any peoply sical custody or	ending custody claims to have
	Case Name: Case Number: Location of Court: Date Filed: _(Mo/Day/Yr)			
20c. 🗆 🤅	Date Concluded: (Mo/Day/ Type of Case: Other court case invol Case Name:	Yr) ving the subject children which is still pending:		
]]	Case Number: Location of Court: Date Filed: _(Mo/Day/Yr) Date Concluded: _{(Mo/Day/} Type of Case:	Yr)		

STATE OF HAWAI'I	AFFIDAVIT OF PLAINTIFF	CASE NUMBER
FAMILY COURT THIRD CIRCUIT	(FOR UNCONTESTED DIVORCE) PAGE FOUR	FC-D NO.
21. D Plaintiff agrees to the cus decree.	tody arrangement and child support amounts as pro	vided in the proposed divorce
accurate, to the best o Support Guidelines W	rt varies from the Child Support Guidelines Works	heet because of the following
 23. <u>Kids First</u>: 23a. □ I attended 23b. □ I was excused by Judg 	on from atten	. (Mo/Day/Yr) ding the Kids First Program.
24. □ Other:		
Plaintiff declares that he/she understands that Affidavit and knows and understands the content of the content	at his/her signature under oath before a notary public is his/her sents and that these statements are true, correct and complete to the	olemn statement that he/she read this e best of his/her knowledge and belief.
PLAINTIFF'S SIGNATURE		
SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE:	NOTARY PUBLIC'S SIGNATURE	MY COMMISSION EXPIRES:
IN, Hawaiʻi	STATE OF HAWAI'I	

STATE OF HAWAI'I			CASE NUMBER
FAMILY COURT THIRD CIRCUIT		it Children)	FC-D NO.
	PLAINTIFF	This document is prepared I	Dy Atty. for Plaintiff D Atty. for Defendant
	(Full Name)	Name	
VS.		Address	
	DEFENDANT (Full Name)	City, State, Zip	,
Presiding Judge			Date of Hearing
 Divorce Decree. 2. Effective Date: This Divorce Decree. 3. Alimony: 3. Alimony: 3. A. Neither party shall be required. 	and Defendant is referred DGED AND DECREED arranted to Husband W to the status of single pers ecree is effective after it is uired to pay alimony to the	to as Husband Wife. that: ife. The bonds of matrimony be ons. Either party is permitted to signed and filed by the Court. other party.	
 in one amount of \$ in two equal instal Alimony shall continue for Alimony shall terminate to Alimony I shall I shall The foregoing shall be sull Bank Savings, Checking, Credit U 	pay to Husband Wif by theby theby lments of \$b pr months and terminate upon the death of either Hu not terminate upon the rec bject to the further order of	e alimony of \$ day of each month. y the and days ate with the payment due sband or Wife. ipient's remarriage. the Family Court.	
4D. Wife is awarded:			

\square 5B.	Each party is awarded the vehicles titled in their name alone. Husband is awarded:
- 50.	
□ 5D.	. Wife is awarded:
	Necessary transfer documents shall be signed no later than ten days following the filing of this Divorce Decree. If either party fails to do so, then the Director of Finance of the County of Hvai'i is authorized and directed to transfer the owner-ship of vehicle(s) if requested to do so.
	operty: Neither party owns any interest of any kind in any real property. The real property shall be divided as follows:
I ifa Ina	
□ 7A. □ 7B.	Surance: There is none. Each party is awarded the life insurance policy(ies) now held on their life, together with any cash value therein and sub to any debt thereon. The life insurance shall be divided as follows:
 7A. 7B. 7C. 	There is none. Each party is awarded the life insurance policy(ies) now held on their life, together with any cash value therein and subto any debt thereon. The life insurance shall be divided as follows:
 7A. 7B. 7C. Retirem 8A. 8B. 	There is none. Each party is awarded the life insurance policy(ies) now held on their life, together with any cash value therein and subto any debt thereon. The life insurance shall be divided as follows: hent Accounts: There are none. Each party shall keep their own.
 7A. 7B. 7C. Retirem 8A. 8B. 	There is none. Each party is awarded the life insurance policy(ies) now held on their life, together with any cash value therein and subto any debt thereon. The life insurance shall be divided as follows: nent Accounts: There are none.
 7A. 7B. 7C. Retirem 8A. 8B. 	There is none. Each party is awarded the life insurance policy(ies) now held on their life, together with any cash value therein and sub to any debt thereon. The life insurance shall be divided as follows: nent Accounts: There are none. Each party shall keep their own.
 7A. 7B. 7C. Retirem 8A. 8B. 	There is none. Each party is awarded the life insurance policy(ies) now held on their life, together with any cash value therein and sub to any debt thereon. The life insurance shall be divided as follows: nent Accounts: There are none. Each party shall keep their own.
 7B. 7C. Retirem 8A. 8B. 8C. 8C. 	There is none. Each party is awarded the life insurance policy(ies) now held on their life, together with any cash value therein and sub to any debt thereon. The life insurance shall be divided as follows: nent Accounts: There are none. Each party shall keep their own.

	There are no joint debts.		
□10C.	Husband shall pay:		
1 10D.	Wife shall pay:		
	Change: Wife shall resume the use of he (first, middle, last name)	r 🖵 birth surna	am e \Box former married name and shall be known hereafter as
□11B.		s 🖵 birth sur	mam e \Box former married name and shall be known hereafter as
12. Other:			
Ite		Ju	dge
te		Ju	dge
te		Ju	dge
	AS TO FORM AND CONTENT:		dge
	AS TO FORM AND CONTENT:		dge
PPROVED			dge
PPROVED			
PPROVED	of Plaintiff		X Signature of Defendant
PPROVED Signature of SS#:	of Plaintiff		X Signature of Defendant SS#
PPROVED Signature of SS#:	of Plaintiff		X Signature of Defendant
PPROVED Signature SS#: Address: _	of Plaintiff		X Signature of Defendant SS# Address
PPROVED Signature SS#: Address: _	of Plaintiff		X Signature of Defendant SS#
PPROVED Signature SS#: Address: _ Date Plain	of Plaintiff		X Signature of Defendant SS# Address
PPROVED	of Plaintiff		X Signature of Defendant SS# Address Date Defendant Signed Decree:
Signature of SS#: Address: _ Date Plaint	of Plaintiff		X Signature of Defendant SS# Address

1

In the Family	Court of the	Third	Circuit
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State of Hawai'i

) FC-D No
PLAINTIFF vs.) STATEMENT OF MAILING
))
DEFENDANT)))

STATEMENT OF MAILING

I re	present that on		I caused	certified cop
of the	Divorce Decree			
to be n	nailed to			
in acco	ordance with the Hawa	ai'i Family Court Rule 97.		
Da	ted:	Hawaiʻi,		

Signature