

<b>STATE OF HAWAI'I</b> FAMILY COURT FIRST CIRCUIT	<b>INCOME AND EXPENSE STATEMENT</b> <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant	CASE NUMBER _____  FC-D NO. _____
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<p style="text-align: center;">VS.</p> <p style="text-align: right;">_____ PLAINTIFF (Full Name)</p> <p style="text-align: left;">_____ DEFENDANT (Full Name)</p>	<p>This document is prepared by  <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> Atty. for Plaintiff <input type="checkbox"/> Atty. for Defendant</p> <p>_____ Name</p> <p>_____ Address</p> <p>_____ City, State, Zip</p> <p>_____ Phone</p>
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Occupation: \_\_\_\_\_ *Job title*

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Length of service: \_\_\_\_\_ months/years.

Income Tax Withholding based on: \_\_\_\_\_ dependents.

INCOME

Gross income. Paid:  monthly,  2 times per month,  every 2 weeks,  weekly  or other \_\_\_\_\_

Gross per pay period ..... \$ \_\_\_\_\_ Per month ..... \$ \_\_\_\_\_

Payroll deductions per pay period:

Fed. income tax .....	\$ _____
State income tax .....	\$ _____
FICA (Social Security) .....	\$ _____
Union dues .....	\$ _____

a) Net per pay period..... \$ \_\_\_\_\_ Per month ..... \$ \_\_\_\_\_

Other:

Retirement/401K .....	\$ _____
Credit Union .....	\$ _____
Direct Deposit .....	\$ _____
Income Assignments .....	\$ _____
Support Payments .....	\$ _____
Medical Insurance .....	\$ _____

b) Take home per pay period ..... \$ \_\_\_\_\_ Per month ..... \$ \_\_\_\_\_

Other regular monthly income, (rental income, 2nd job, interest, child support, welfare, food stamps, and any other source.)

Gross monthly receipt .....	\$ _____
Taxes paid IRS and State on above .....	\$ _____

c) Total other income net ..... \$ \_\_\_\_\_

Total Monthly Income (Add per month income from lines *a* and *c* above) \$ \_\_\_\_\_

EXPENSES

Do not list expenses which are paid by payroll deduction.

Housing, expenses per month:

rent, mortgage, agreement of sale ..... \$ \_\_\_\_\_  
insurance if not included above ..... \$ \_\_\_\_\_  
Real Property taxes (if paid separately) ..... \$ \_\_\_\_\_  
Utilities, gas, water, elec., telephone etc. .... \$ \_\_\_\_\_

Transportation, expenses per month:

Car payment, lease, rental ..... \$ \_\_\_\_\_  
Insurance on 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:

	Self	Children No.( _ )
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 ..... \$ \_\_\_\_\_

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.)

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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.

DATE

PLAINTIFF'S  DEFENDANT'S SIGNATURE