STATE OF HAWAI'I	INCOME AND EXPENSE STATEMENT		CASE NUMBER	
FAMILY COURT FIRST CIRCUIT	☐ Plaintiff	□ Defendant	FC-D No.	
			epared by: Atty for Plaintiff Atty for Defendant	
(Full Name) PLAINTIFF,		Name		
V.		Address		
		City, State, Zip Code		
(Full Name) DEFENDANT.		Telephone No.		
Employer:				
Occupation (Job Title):				
Address:				
Length of Service:	months/years. Incon	ne Tax Withholding bas	sed on: dependents.	
		COME	,	
Gross income paid: ☐month	nly, \Box 2 times per month	, □every 2weeks, □w	eekly, 🗆 or other:	
Gross per pay period	\$ F	Per month\$		
Payroll deductions per pay pe				
Fed. income tax				
State income tax	\$			
FICA (Social Security)	\$			
Union dues				
a) Net per pay period	\$ F	Per month\$		
Other: Retirement/401 K	\$			
Credit Union	\$			
Direct Deposit	\$			
Income Assignments	\$			
Support Payments	\$			
Medical Insurance	\$			
b) Take home per pay period	\$ F	er month \$		
Other regular monthly income food stamps, and any other so Gross monthly receipt	ource).	terest, child support, we	elfare,	
Taxes paid IRS and State on	above \$			
c) Total other income net	\$ F	Per month \$		
Total Monthly Income (Add pe	er month from lines a and	c above) \$		
			COURT USE ONLY	

	<u>EXPENSES</u>		
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, electricity, phone, etc			
Transportation expenses per month:			
Car payment, lease, rental	. \$		
Insurance on vehicle	. \$		
Maintenance (repairs)	. \$		
Operating (gas, oil & tires)	. \$		
Total Housing and Transportation			\$
Debt service (all monthly payments, e.g. credit cards	s, charges, finance com	npany, 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-Total	. \$		\$
Total Personal Expenses		\$	
Grand Total Expenses: Housing, Transpor	tation, Debt & Person	ıal	\$
Savings, < Deficiency>: Income minus Exp	enses		\$

Explain in detail where savings are investe	ed, or if there is a <defi< th=""><th>ciency>, who provides the funds to maintain the</th></defi<>	ciency>, who provides the funds to maintain the		
level of spending indicated in this income a	and expense statement	. (Use separate sheet if more space is needed.)		
CERTIFICATION				
		oplied and reviewed the information used in ormation is accurate, complete, and correct.		
DATE	□PLANTIFF'S □DEF	ENDANT'S SIGNATURE		



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 954-8303, or via email at adarequest@courts.hawaii.gov at least ten (10) working 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.